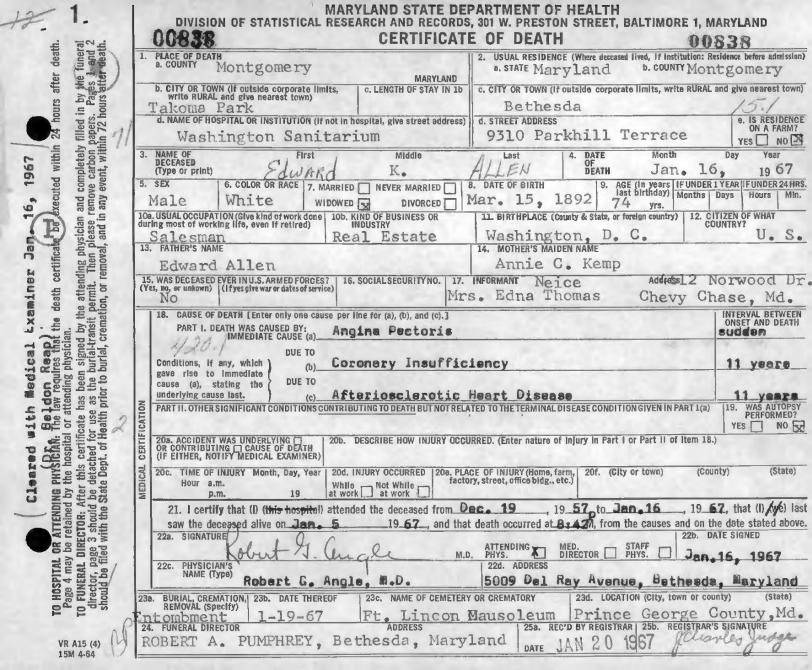
Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH the death certificate be executed within 24 hours after death the funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY ENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate/limits c. CITY DR YOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tow event, within 72 hours IS RESIDENCE ON A FARM? corban popers. d. NAME OF HOPPITAL OR INSTITUTION (W not in hospital, give street address) d. STREET ADDRESS filled YES NAME OF Middle DATE completely DECEASED OF DEATH 7. MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COBOR-DR RACE NEVER MARRIED Months Rours or removal, and in any WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 1087 KIND DF BUSINESS DR during most of working life, even if retired) COUNTRY? 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no or unknown) (If yes give wor ar dates af service) burial, cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit DNSET AND DEATH PART I. DEATH WAS CAUSED BY: requires that IMMEDIATE CAUSE (a) DUF TD Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse this certificate hos been the Heolth prior to PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY NO for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY DCCURRED. (Enter noture of injury in Port I ar Port II af item 18.) detached for the Dept. of the DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) Hour a.m. Nat While factory, street, affice bldg., etc.) at wark at wark TO FUNERAL DIRECTOR; After Poge 4 moy be retoined by 21. 1 certify that (1) (this haspital) attended the deceased from 1240 19\_\_\_, that (1) (we) last . fa. director, page 3 shauld should be filed with the saw the deceased alive an\_ and that death accurred at M, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S ADDRESS TO HOSPITAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL CREMATION 23b. DATE THEREOF (County) Sandy spring, REMOVAL (Specify) -9-67 Ash Memorial, 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH



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STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where daggesed lived, Winstitution, Residence before edmission) e. COUNTY MARYLAND b. CITY OR TOWN (if outside exporete limits, write RURAL and give newest town) c. LENGTH OF STAY IN 16 C. CITY OR TOWN (IF straide corporete limits, write RURAL and give nages town? SILVER 3M05 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? YES NO NAME OF Middla Day DECEASED (Type or print) DEATH 231967 amour KGE (In years | IF UNDER WEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED ast birthday) Months Days Hours Min. WIDOWED DIVORCED 10s. USEAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUS done during most of working life, even if retired) near EATHER'S NAME MOTHER 15. WAS DECEASED EVER IN U.S. REMED FORCES? (Yes, no, or unknyh) (Ifyosgiver arordelasofservice) 16. SOCIAL SECURITY NO.I INFORMAN AUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gaya risa to immediate causa DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a PERFORMED? SE 0 NO F 20b. DESCRIBÉ HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (Cily or town) (County) (Stele) fectory, streat, office bldg., etc.) Whila Not Whila Hour a.m. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from.... saw the deceased alive on... 22a. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. O HOSPITAL death. Page 4 22c, PHYS 22d. ADDRES director, be filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stata) 23e. BURIAL, CREMATION, 23b. TO 25b. REGISTRARIS SIGNATURE VR A15 (4) 15M 9/60

19 CHARLES LANGE STORY SO and the second second Chiefer to the sound of the state of the The second of th 11/2 Ep/1 24 1/23 47 12 25/1 -- June Contract Les Lower of the JIM LORDEN about the state of the state of

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and campletely filled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH n COUNTY D. STATE b. COUNTY Montgomery MARYLAND Maryland Montgomery b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) papers. Page thin 72 haurs a write RURAL and give nearest town) hours Silver Spring Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? NO X 1015 Woodside Pkwy. Holy Cross Hospital Middle 4. DATE NAME OF Last Menth Day Year DECEASED RAYMOND ASHDOWN (Type or print) EDWARD DEATH Jan The law requires that the death certificate be executed SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Davs Hours 5/16/06 and in any WIDOWED DIVORCED White Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? attending physician permit. Then please during most of working life, even if retired) INDUSTRY reasurer Dist. Theater Corn District of Columbia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ridaway India May Bidgeson William L. Ashdown Address 1015 Woodside Pkwy. S. WAS DECEASED EVER IN ILS. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. Yes, no, or unknown) (If yes give wor or dates of service) 578-019457 Sil. Sp., Mrs. Katherine Ashdown crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by attending physician. DHE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending C FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO T ō 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (State) 20d, INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, affice bldg., etc.) Not While at work 19.65 to Jan 21 , 19.67, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. Moor 19 67, and that death accurred at 735PM, fram causes and an the date stated above. saw the deglased alive on . . 22o. SIGNATURE 22h DATE SIGNED ATTENDING DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S 10101 GEORGIA NAME (Type) director, should be 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Cedar Hill Cemetery Suitland, Maryland 1967 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Charles Vuccesa Jarner E. Pumphrey. Inc. Silver Spring

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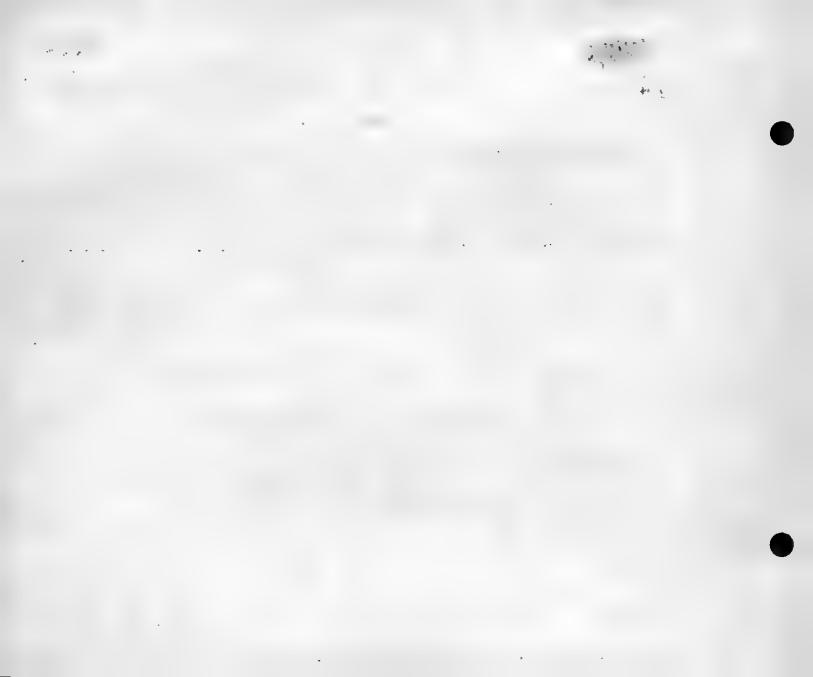
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00841 CERTIFICATE OF DEATH 00841 physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and 2 event, within 72 haurs after death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH Place, Montgomery a. COUNTY Mintwood MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 Washington. Germantown e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Marylander Home of Rest 1840 Mintwood Place. NO 35 Middle 4. DATE 3. NAME OF First DECEASED Jan Aub Mattie G. (Type or print) DEATH 9. AGE (In years last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH 6 COLOR OR RACE NEVER MARRIED 7. MARRIED Manths Doys Hours Female 3-30-1881 WIDOWED K DIVORCED 12. CITIZEN OF WHAT 11, BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY Massachusetts
14. MOTHER'S MAIDEN NAME At Home 13. FATHER'S NAME Unknown Unknown Miss Maryland Aub, 76 Hutchinson Blvd. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) ((If yes give war ar dates of service) 577-03-2258 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ONGESTIVE HEART IMMEDIATE CAUSE (o) signed by t be retained by the haspital or attending physician. DUE TO 30 YRS Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause far use as the t f Health priar to b O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SEGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) (City or tawn) (County) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While ot work at work deceosed fram\_\_\_\_\_\_, 1964, to\_\_/- \_\_\_\_, 1967, that (1) (see) last 1967, and that death occurred at 235 PM, from causes and on the date stated above. 21. I certify that (1) (this hespital) attended the deceased fram\_ saw the deceased alive on\_ 22b. DATE SIGNED 22o, SIGNATURE DIRECTOR 22d. ADDRESS 6/5 WEST MONTGOMERY 22c. PHYSICIAN'S NAME (Type) 20850 director, 23d. LOCATION (City or Town) (State) 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL CREMATION. 23b. DATE THEREOF REMOVAL (Specify) 1-5-1967 Arlington Nat' Cen Arlington 25b. REGISTRAR'S SIGNATURE 25g, REC'D BY REGISTRAR FUNERAL DIRECTOR udge liayeles VR A15 (4) 20 M 1/66 DATEAN

λ. 1	ı	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATES		00842 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Đ
HEALTH DEPT.	1	PLACE OF DEATH  o. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before state of the county of the cou	
hours ofter death. If ony delay is them 18. Give Pages 1, 2, and 3 to offee along with form. PM3. Page rand 2 with the State Deportment of the death.		b CITY OR TOWN (If outside corporate limits, write RURAL and give near town)  C CITY OR TOWN (If outside corporate limits, write RURAL and give near town)  C CITY OR TOWN (If outside corporate limits, write RURAL and give near town)	est fown)
form I bepo		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  8007 Flower AVE.  8007 Flower AVE.	e IS RESIDENCE ON A FARM? YES NO
hours ofter death. If of them 18. Give Pages 1, of the along with form rand 2 with the State Delay.		NAME OF First Middle Lost 4 DATE Month De CEASED (Type or print) Robert Edward. Baggott DEATH Jan 3.	1 1967
urs ofte n 18. Gi		SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH . 9. AGE (In years lost b rthdoy)  WIDOWED DIVORCED S/27/19/9 Sorthory  Months Doys	Hours Min
24 hours in tem 11 es rand 2	ı.b		OF WHAT
be executed within "pending" in pencil in the page on the pencil in the page on the pencil in the page on the pencil in the	L	3 FATHER'S NAME Robert H. Baggott Grace B. Baker	
pending" in pending" in sif Medical E sif permit. F	(A	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dofes of service) Yes, No. or unknown) (If yes give wor or dofes of service) Yes Will Betty Baggott - wife - 7902 Gir Takoma Park,	
		976 MMEDIATE CAUSE (0) Shot Gun. Wound of Chest  But to	NTERVAL BETWEEN ONSET AND DEATH
This certificate shauld cate, writing the ward be forwarded ta the C be used as a buriol-tr removol, and in any ex		Conditions, if any, which gave nise to immediate cause (a). Stating the underlying cause last.	
This certificate, writing the forward to be to be used or removal, are	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	9 WAS AUTOPSY PERFORMED? YES NO
4 _ 0 ,	MEDICAL CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING   200 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port II of item 18) Shot Self-in Chrituath 16 gauge shitgum	
EXAMINER: cute the certificage 4 should your files. Poge 3 should cremation, or	MEDICAL	0 7 pm (/ 3/ 1/8/ of work (2) 17-017) 2 / ancine / 3/1, /w	
MEDICAL EXA lease execute director. Page stained for you DIRECTOR. Page to burial, crem		21. I certify that I took charge of the remains described above held on Autopsy, Inspection X Inquiry X on death resulted from: Natural causes, Accident, Suicide X, Homicide, Undetermined monner	nd in my opîn on
		ACTUAL SIGNATURE Delon S. Ball MD ASSISTANT MEDICAL EXAMINER D	22 DATE SIGNED
O DEPUTY necessory, the funeral 5 may be 0 FUNERAL Health price		EXAMINER'S NAME (Type)  John G. Ball  7936 Old Georgeto PRUTE MOJCAL EXAM NER  Address (Street, cty, town, or county)  Bethesda, 12d, Address (Street, cty, town, or county)  30 BURIAL, CREMATION, 23b DATE THEREOF   23c, NAME OF CEMETERY OR CREMATORY   23d, LOCATION (City or Town) (County)	
the the Feet Heed	L	Buria (Specify) 2/6/67 Arlington National Arlington, Virgi	nia
VR A15ME (5) 6M 1/67		24. FUNERAL DIRECTOR  ADDRESS  Tysson Wheeler Fines Home Birds Rock Pike 250. RECD BY REGISTRAR 256 REGISTRARS SIGNAT	es Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00843 CERTIFICATE OF DEATH death. Exacuted within 24 haurs after death the attending physician organization filled in by the funeral sit permit. Then please remave carbon papers. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission 1. PLACE OF DEATH · COUNTY Montgomery MARYLAND b CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Wheaton c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Mt. Ranier days IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS crematian, or removal, and in any event, within 72 Randolph Hills Nursing Home 3230 Chillum Road YES NO IN NAME OF DECEASED (Type or print) Middle 4. DATE Lost Month Doy Year OF DEATH Elsie N. Balderson January 17 1967 IF JNDER 24 HRS. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Days Hours white May 4, 1896 temale DIVORCED MIDOWED 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done The law requires that the death certificate be olumbia Pictures COUNTRY Washington, D. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM Hanry M. Genis Martha Marmaduke 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. burial-transit permit. 13402 Grenoble Drive (Yes, no, or unknown) (If yes give wor or dotes of service) 579-05-3287-A Beverley Suit INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY: signed by 1 IMMEDIATE CAUSE (a) attending physician. DUE TO Conditions, if any, which gove ) rise to immediate cause (o), DUE TO stoting the underlying couse Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been far use as the priar ta WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO X 2 YES [ 20o. ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) factory, street, office bldg., etc.) Not While at work ot work 19 6 7 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram\_\_\_ 19 cake, to\_ should and that death occurred at 12/24M, fram causes and on the date stated obave. saw the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S olie NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230 BURIAL, CREMATION, 23b. DATE THEREOF B REMOVAL (Specify) Arlington Nat'l Cemetery Arlington. Virginia 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00845 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death signed by the affecting physician and campletely filled in by the funeral burial-transit permit. Then please remave carbon papers. Pages 1 and 3 burial, cremation, ar remaval, and in any event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND Maryland Montgomery b. CITY OR TOWN (If autside Carparate imits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Rockville, Maryland Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO Y 111914 Tilden Woods Drive Holy Cross Hospital 4. DATE NAME OF Middle Last Month Day Year DECEASED (Type or print) 1967 12 Banker DEATH January Gertrude 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last pirthday) Manths Days Haurs WIDOWED DIVORCED White 1907 Femal e 12. CITIZEN OF WHAT 10a USLAL OCCUPATION (Give kind of work done during most playorking life even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY Pennsylvania USA 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no. or unknown). (If yes give war ar dates at service) 16 SOCIAL SECURITY NO. 17. INFORMANT G.L. Bowen - son in law - same item #2 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) CARCINOMA The Uterus DUE TO Conditions, if any, which gave (b) nse ta immediate cause (a), DUE TO stating the underlying cause as the prior to l O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 3 shauld be detached far use with the State Dept. of Health p YES 🔀 NO [ 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH 3 shauld be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur a.m. While Not While of work 19 at wark ... 1960, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. , 1966, ta 1967, and that death accurred at 12 MM from causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** director, page 3 should be filed v M.D PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 10400 Connecticut Ave. Kensington. Richard Pollen 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 235, DATE THEREOF (County) 23a BURIAL, CREMATION REMOVAL(Specify) 1/16/67 Lewistown Pennsylvania Marks Burial 250 REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 13 1 Rockville Pike VR A15 (4) 20 M 1/66 Tyson wheeler

Rockwille Manylund

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death: 00846 24 hours after death. PLACE OF CEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) completely filled in by to ove carbon papers. Page cevent, within 72 hours a write RURAL and give nearest town) aloma 62 V 13 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 8. IS RESIDENCE give street address) d. STREET ADDRESS ON A FARM? 7dome NO P NAME OF Middle Last DATE Month Day Year 4. **OECEASED** event, (Type or print) DEATH 196 5. SEX 6. COLOR OR RACE and con 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (in years [ IF UNDER 1 YEAR | IF UNDER 24 HRS 8. last birthday) Months I Days Hours WIODWED [ DIVORCED ermit. Then please re on, or removal, and in = 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT The law requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Veland 13. FATHER'S NAME-MOTHER'S MAIDEN NAMI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) 1(If yes nive war or dates of service) been signed by the att the burial-transit permi or to burial, cremation, o CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. men IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate r the DUE TO cause (a), stating the underlying cause last. (c) 35 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate USU NO W YES Fe hospital 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part | of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While While OR ATTENDING be retained by at work p.m. 19 et work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should illed with the 19.66, and that death occurred at 2'00 M. from the causes and on the date stated above. saw the deceased alive or 22b. DATE SIGNED ATTENDING PHYS. page Page 4 may DIRECTOR FUNERAL director, p **ADDRESS** NAME (Type) COLUMBIA BLUD SIWERSTRING. H& BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial 26 Jan. 1967 Gate of Heaven Cemetery Silver Spring, Md. 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Waspress DC 20012 Misseles 1967 Rinaldi Funeral Home, Inc. 7400 Ga. Ave., N. W. VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased fived, If institution: Residence before admission) a. COUNTY b. COUNTY Virginia Montgomery MARYLAND Lee b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 hours 11 days Rose Hill e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled The Clinical Center, Bethesda, Md. 20014 (No street address YES NO IX 3. NAME DE Middle DATE Month DECEASED DF DEATH (Type or print) Denham Jr. 67 Maco Bays. January 24. 8. DATE OF BIRTH AGE (In years (IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthday) | Months | Davs 16 December 1917 49 WIDOWED F DIVORCED | Male 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) cian Construction Representative/Public Housing Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 居 removal Waco D. Bays, Sr. Nancy Weston atten 16. SOCIAL SECURITY NO. | 17. INFORMANT The Medical Recordess (Yes, no, or unkown) ((If yes give war or dates of service) 1942-1945 405-18-0406 The Clinical Center, Bethesda, Md. 20014 Yes INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 12 hours Acute pulmonary edema PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infection of aortic valve prosthesis with DHE TO partial detachment of valve 3 weeks Conditions, if any, which gave rise to immediate the I Aortic valve replacement DHE TO cause (a), stating the for calcific aortic stenosis 10/25/66 months underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO [ 208. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (0) (this hospital) attended the deceased from Jan. 13, 19 67 to Jan. 24 19 67 that ( (we) last 19 67, and that death occurred at 7:39, from the causes and on the date stated above. TO FILERAL DIFFTER TEST SHEET TO SHEET THE TEST SHEET THE TEST SHEET TEST SHE saw the deceased alive on Jan. 24 22b. DATE SIGNED 22a. SIGNATURE ATTENDING X 24 January 1967 DIRECTOR The Clinical Center, National 22c. PHYSICIAN'S Hamner Hannah III. M.D. Institutes of Health, Bethesda, Md. 2001 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)
Burial Hubbard Springs Jonesville Virgin 24. FUNERAL DIRECTOR R. Sturgill Pennington Gap. Va. VR #15 (4) DATE 20M 1/65



	MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
[19]	00862	CERTIFICATE	OF DEATH	00862				
uneral 1 and 2 r death	a. COUNTY Man Manney	MARYLAND	2 USUAL RESIDENCE (Where decease a. STATE	ed fived, if institution Residence before admission) b (OUNTY )				
requires that the death certificate be executed within 24 haurs after death. g physician.  s signed by the attending physician and campletely filled in by the funeral burial-transit permit. They please remave carban papers. Pages 1 and 2 a burial, crematian, ar remover and in any event, within 72 haurs after death.	b CITY OR TOWN ( f outside corporate limits, write RURAL and give riearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (Illoutside corparc	te limits, write RURAL and give nearest town)				
n 24 ha lled in b papers. in 72 ha	d. NAME OF HOSPITAL OR INSTITUTION (IF not or		d. STREET ADDRESS	e is residence On a farm? Yes \( \sum \) no \( \sum \)				
d withir letely fi arban p nt, with	3 NAME OF DECEASED (Type or print) Randa	elle R Middle Bei	Lost 4. DATE OF DEATH	Jan 22 1967				
execute d camp mave c	$m$ $\omega$	WIDOWED DIVORCED	Larie 1/19/6	AGE (In years last birthday)  Manths Days Hours Min.				
ite be (	Da USJAL OCCUPATION (Give kind of work done during plast of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or for Maylond	reign country)  12 CITIZEN OF WHAT COUNTRY?				
certificate be	13 FATHER'S NAME GLOCIE	Beitzel	14. MOTHERS MAIDEN NAME	Melle				
he death ce t attending permit. The	15 WAS DECEASED EVER IN J SARMED FOR (ES? (Yes, no_orunknawn) (If yes give war ar dates af se		Le Glerca) L	Address an about				
equires that the death c physician. signed by the attending burial-transit permit. The	18. CAUSE OF DEATH (Enter only one couse PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	1 00	F THE PANCE	INTERVAL BETWEEN ONSET AND DEATH				
equires that th physician. signed by the burial-transit I burial, cremati	Canditians, if any, which gave (b)		,					
The law requires that attending physician, has been signed by se as the burial-trainh priar to burial, cre	stating the underlying cause (c)							
- LASE /	PART II. OTHER SIGNIFICANT CONDITIONS CONT  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CICAUSE OF DEATH (IF ETHER MOTIVE MEDICAL STAMMINED)			YES NO D				
PHYSICIAN: he hospital ar this certificate lefached far us Dept. af Health		205. DESCRIBE HOW INJURY OCCURRED. (						
by the hospi fler this certi be detached state Dept. a	20c. TIME OF INJURY Manth, Day, Year Haur o.m. p m 19	While Nat While I focto	E OF INJURY (Hame, form, 20f. pry, street, affice bldg., etc.)	(City or town) (County) (State)				
OR ATTENDING PH be retained by the h DIRECTOR: After this ge 3 shauld be detac led with the State Dep	21. I certify that (I) this haspit sow the deceased dive on	tol) ottended the deceased from	deoth occurred of 10 At	o 1722, 1963, that (1) (we) last, from couses and on the date stated above				
L OR ATTENI be retained DIRECTOR: A ge 3 shauld iled with the	220 SIGNATURE Link and	Hollen MC	ATTENDING MED. DIRECTOR  22d. ADDRESS	STAFF PHYS. D 1/22/67				
O HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	23g. BURIAL, CREMATION, 23b. DATE THERE	OF 1230 NAME OF CEMETERY OR O	10400 CONNECTIO	ICATION (City or Tawn) (County) (State)				
TO HOSPI Page 4 n TO FUNER director, shauld b	REMOTAL (Specify) 1/24/	67 Marace	Cy Be	allsville monty. Md				
VR A15 (4)	10 Man C Hill	in Barnevelle	^ /	5 1967 galantes Judge				



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00848 CERTIFICATE OF DEATH and 2 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed fived, if institution: Residence before admission) filled in by the funeral PLACE OF DEATH O COUNTY MONTGOMERY DISTRICT of COLUMBIA DUNTY MARYLAND b. (ITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1 day WASHINGTON ve carbon papers. event, within 72 h d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NAVAL HOSPITAL 5019 Ames Street YES NOCK Middle DATE Month 3 NAME OF First Lost Dov Year DECEASED Carrie Irene Bell JANUARY 26 19 67 (Type or print) DEATH 9. AGE (In years F UNDER 1 YEAR | IF UNDER 24 HRS. S SEX DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED remove birthdoy Months Doys Hours DECEMBER 1881 NEGROID WIDOWED X X DIVORCED Female 10o USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? St. MARY'S. MARYLAND U.S. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Henrietta Watts 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 5019 American (Yes, no, or unknown) (If yes give war or dates of service 5 Washington, D.C. Son. David Bell no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line (for (o), (b), and (c).) burial-transit PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gove (b) rise to immediate couse (a). DUF TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has leen the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO F 205 DESCRIBE HOW INJURY OCCURRED Finer noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour a.m. Not While of work of work 2). I certify that (I) (this hospital) attended the deceased from 25 JAN 19 67 1026 JAN 1967 that (1) (We) last director, page 3 shauld shauld be filed with the sow the deceased alive an 26 JAN 19679 and that death occurred at 1:35 PM, from causes and on the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. M.D. renne 22d. ADDRESS 22c. PHYSICIAN'S R. NAME (Type) KINNEY NAV HOSP BETHESDA. MD 230 BURIAL CREMATION 23- NAME OF CEMETERY OR CRIMATORY 23d, LOCATION (City or Town) (County) (State) 23b DATE THEREOF REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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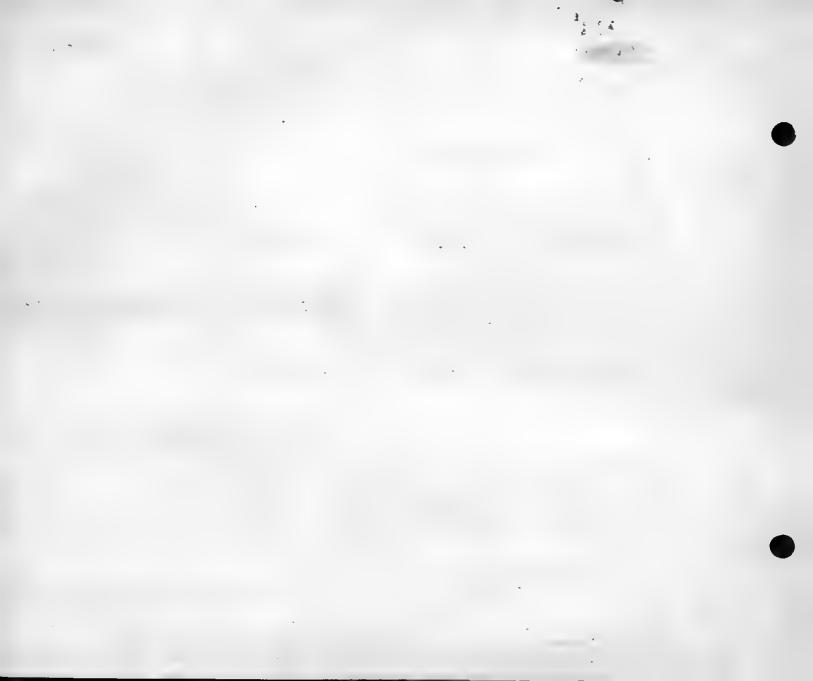
		Division of STATIST		MARYLAND STATE D RCH AND RECORDS, 3		IEALTH LEET, BALTIMORE, MARY	/LAND 2120	1
(N)	.0	0849		CERTIFICAT	E OF DEATH		0.0	849
r deoth uneral i and i r deoth	1 P	ACE OF DEATH COUNTY Montgomery		MARYLAND	II o STATE	(Where deceosed lived, if institution b. CO	utian: Residence	
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24 hou d in by pers 72 hau		Bethesda  NAME OF HOSPITAL OR INSTITUTION (IF not		ive street oddress)	d STREET ADDRESS		/	e IS RESIDENCE ON A FARM?
within jour po within within	3 N	e Clinical Center,  AME OF FIRST ECCASED	t	Middle	Last		inth	Day Year
mplete ve carb	S S	ype or print) Mar		E . ;	B DATE OF BIRTH	OF DEATH Janu  9. AGE (In years tost birthday)	IF UNDER 1 Y	17 19 67  EAR IF UNDER 24 HRS.  Hays Haurs Min.
ote be executed within 24 hours after deat	10a	male White USUAL OCCUPATION (Give kind of work done g most of working life, even if retired)		DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	Dec. 20, 11. BIRTHPLACE (Count	1896 70 yrs. y & State, ar fareign country)		EN OF WHAT
ficote l		Housewife FATHER'S NAME	146	None	Hungs 14. MOTHER'S MAIDEN		L	USA
ing pro Therr emove	15.	John Ettl WAS DECEASED EVER IN J.S. ARMED FORCES?	16. S	SOCIAL SECURITY NO. 17.	INFORMANT TO M	Anna Horo edical Record	vath kess	
he deoth ce ottending permit. The tion, or remo	(Yes	No   (If yes give wor or dotes af No	service)	None Th		Genter, Bethe		vland INTERVAL BETWEEN
that the		PART I. DEATH WAS CAUSED BY:  1MMEDIATE CAUSE (	o) Prob	pable Septicen	ia			ONZEL PAND DEVEN
requires that the death certificate be executed within 24 hours after death g physician.  I signed by the ottending prysic on and completely filled in by the funeral e burial-transit permit. Their presseremence carbon papers. Pages I and 2 burial, cremation, or removal-and in any event, within 72 haurs after death		rise to immediate couse (a), (	b) Carc	inoma of the	Colon			21 months
low re ending been is the rior to		stating the underlying cause	(c)	O DEATH BUT AND DELATED TO	TUE TERMINAL DISCLASE CO	ANDITION CHEM IN BART 1/cl		10 WAS AUTOPSY
V: The or offe or offe hos a califf pr	CATION							19 WAS AUTOPSY PERFORMED? YES X NO
PHYSICIAN: The e hospital or offe his certificate hos stacked for use a Dept. of Health pi		20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		SCRIBE HOW INJURY OCCURRED		·		
NG PH  y the h  er this e detact  ote Del	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m. 19 p.m. 19	While of work	Not While of at wark	ACE OF INJURY (Hame, far ctary, street, office bldg , etc	:)	(Count	
TENDI ined by OR: Aft ould by the St		21. I certify that (X) (this hasp saw the deceased give an	oital) attend Jan. 1	ded the deceased fram_ .719 <u>67_</u> , and th	Sept. 6 at death accurred a	19 <u>66</u> , to <u>Jan.</u> t <u>1245</u> M, from couse	s and on the	date stated above.
OR ATTENI be retained DIRECTOR: / je 3 shauld ed with the		220. SIGNATURE	rue	ey 1	A.D. PHYS.			anuary 1967
PITAL Tray ERAL or, poo		22c PHYSICIAN'S NAME (Type) Carl Kier			Institute	he Clinical Ces of Health,	Bethesd	a, Md.
Poge 4 Poge 4 FO FUN direct	230.	BURIAL (REMATION, REMOVAL (Specify) 23b. DATE THEF	1067	23c. NAME OF CEMETERY OF Arlington	Nat'l. Ce	23d LOCATION (City or D) BY REGISTRAR 25b	,	ounty) (State)
VR A15 (4) 20 M 1/66	24	FÜNERAL DIRECTOR	130 W	isc ADDRESS ve.N.		JAN 2 0 1967	REGISTRAR'S SIGN	les Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00850 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death, by the funeral Poges 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE **b.** COUNTY buriol-transit permit. Then please remove carbon papers. Pages 1 buriol, cremation, or removal, and in ony event, within 72 hours ofter b CITY OR TOWN (Mautside carparate limits, MARYLAND Montgomery E LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest flown) Takoma Park filled in I d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (Manation haspital, give street address) ON A FARM? YES 🗔 NO X 3 NAME OF Lost \ 4. DATE Month Day Year completely DECEASED OF 1967 hennett (Type or print) Wesley DEATH January S SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OF RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Manths Days haurs WIDOWED DIVORCED 10b. KIND OF BUSINESS OR Springfield State, or fare gn country) 12 CITIZEN OF WHAT 10a. JSUAL OCCUPATION (Give kind of work dane during most of morking lite even if retired) COUNTRY? 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Johnson WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war or dates of service) 282-03-7228 TB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the buriol-transit p ONSET, AND DEATH IMMEDIATE CAUSE (a) 42011 DUE TO Canditians, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse 4 moy be retained by the hospital or ottending for FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 2 NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING C OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) Not While While at wark at work , 1964, ta Venuar-19, 1967, that (1) (we) lost 2). I certify that (1) (this hospital) attended the deceased from Serve 23 1967, and that death occurred at 10.400M, fram causes and on the date stated above. sow the deceased alive on Busices 19 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** Weum-M.D. DIRECTOR PHYS. anciarize (4 PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Aaron A. Draum 23c. NAME OF CEMETERY OR CREMATORS 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF REMOVAL (Specify) 1967 Fort Lincoln Cemetery Prince Georges Morea ADDESSI Georgia Aue 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Silver Spring.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 24 hours after death, 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Frederick Maryland Montgomery completely filled in by the f we carbon papers. Pages 1 event, within 72 hows after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Browningsville less than 1 day Olnev completely filled in e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS DN A FARM? RFD # Monrovia Montgomery General Hospital YES X NO The law requires that the death certificate be executed within Month Year DATE Last NAME OF Middle OF DEATH DECEASED Jan. 13. 1967 Talmage Eugene Bennett (Type or print) ACE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 5. SEX 7. MARRIED A NEVER MARRIED remove last birthday) Months | Days March 2, 1890 White Male WIDOWED . DIVORCED | 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR = beem signam by the attending physician the burial-tramsit pérmit. Then please r r to burial, crematien, or rémoval, and in COUNTRY? during most of working life, even if retired) INDUSTRY Maryland. Browningsville. Retired Farmer -14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sybelle Browning Richard Bennett 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. Address Mrs. Libby W. Bennett Item 2 No 220-34-0770 INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Acute Coronary Occlusion mi.n attending plysician. DUE TO Arteriosclerotic Cardiovascular Disease 12 years Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the has be as th prior t underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CATION certificate h thed for use of Health PERFORMED? Prostatic Hypertrophy YES 🗂 NO PQ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING PHYSICIAN: None (State) MEDICAL 20f. (City or town) (County) 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at work After Id be d p.m. 101935 AMto January 21. I certify that (I) (this hospital) attended the deceased from Fiarch and that death occurred at 100 M, from the causes and on the date stated above. 19.67 saw the deceased alive on January 22b. DATE SIGNED 22a. SIGNATURE January 13. 8 e ATTENDING page **x**. PHYS DIRECTOR \_\_\_ M.D. FUNERAL 22d. 949 Church Street PHYSICIAN'S McKendree Bover director, p should be 1 Maryland. BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Browningsville, Maryland, 25a, REC'D BY RECISTRAR | 25b, REGISTRAR'S SIGNATURE Bethesda Methodist 1967 Burial 24. FUNERAL DIRECTOR Olin L. Molesworth. Maryland. Damascus. VR AI5 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00852CERTIFICATE OF DEATH 00852 requires that the death certificate be executed within 24 hours after death completely filled in by the funeral 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Kince MARYLAND E LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town (foutside corperate imits, vrite RURAL and give negrest town) 200 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) TREEL-ADDRESS IS RESIDENCE ON A FARM? YES NO F DATE NAME OF Middle Month Dov Year First DECEASED OF 19 61 DEATH (Type or print) SEX 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** AGE (in years remove lost birthdov) Months Dovs Hours DIVORCED WIDOWED guq ATOB KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11 BIRTHPLACE physicion c Ang most of working life, even if ratired) INDUSTRY COUNTRY? 1153,4 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, Address B WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMAN permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 18 CAUSE OF DEATH (Enter only one couse per line for (o), INTERVAL BETWEEN (b), and (c) signed by the buriol-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) DUE TO an Hiereret Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse prior to TO FUNERAL DIRECTOR: After this certificate has been the lost 19 WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? of Health NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work of work 21. I certify that (I) (this haspital) attended the deceased fram 19600 TO HOSPITAL OR ATTENI Poge 4 may be retained and that death accurred at AM, from causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 220 SIGNATURE **ATTENDING** M.D DIRECTOR director, page 3 should be filed a PHYS. PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) FALLS CHURCH KING DAVID MEMORIAL 6. ALZDEN 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR + SUNS-WASH.D VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00853 CERTIFICATE OF DEATH executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after c MENGTH OF STAY IN 16 CTY OR TOWN AT outside corporate I mits, write RURAL and give neares (30 km) c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) IS RESIDENCE attending physician and campletely filled in l permit. Then please remove carban papers. d NAME OF HOSPIAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO Z 3. NAME OF 4. DATE Month Doy Year DECEASED BERSON OF DEATH 20 a nucry 19 6 (Type or print) 9 AGE (In years IF UNDER YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE NEVER MARRIED 8 lost a rthdoy) Months Hours DIVORCED WIDOWED 10o USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b during most of working life, even if retired) COUNTRY? USSIA 20141 requires that the death certificate RESSMAKE 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME UNKNOUN UNKNEED 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address signed by the attendis burial-transit permit. (Yes, no, or unknown) (If yes give wor or dates of service) NKNOW SAME as 2x6n INTERVAL BETWEEN ONSEL AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO YES 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 1B.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While 19 at work at work O FUNERAL DIRECTOR: After .. 19 4 7, that (1) (we) last 2). I certify that (I) (this haspital) attended the deceased fram , and that death accurred at 3 30 a M from causes and an the date stated abave saw the deceased alive an 20 22b DATE SIGNED 220 SIGNATURE ATTENDING STAFF PHYS. M.D. PHYS. DIRECTOR director, nage Should be filed **ADDRESS** 22c. PHYSICIAN S NAME (Type) COCALION (City or Town DATE THEREOF -NAME OF CEMETERY OR CREMATORY (Stote) 23o BURJAL CREMATION. 235 REMOVAL (Specify) REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 25b. **FUNERAL DIRECTOR** 



(4)	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	00854 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	85%
HEALTH DEPT.	1 PLACE OF DEATH 2 USYAL RESIDENCE (Where deceased lived, V institution. Residence before	re odmissian)
is ta ta the ta	o COUNTY Montgomery Maryland Maryland b COUNTY Montg	omery
≥ep 0 = 0	h CITY OP TOWN (If a tode corporate limit, I FINCTH OF STAY IN ID. C CITY OP TOWN (If autoide corporate limit, works DIRAL and area pages	
delcond ond M3. F mtmer	write RURAL and give nearest town) Silver Spring  // months Silver Spring	1. "
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS	e IS RESIDENCE ON A FARM?_
2 S S S S	2232 Washington Avenue 2232 Washington Avenue	YES NO P
offer death 3 Give Page along with with bestations	3 NAME OF First Middle Lost 4 DATE (FOUND Month Do	
de de de	DECEASED (Type of print) CARROLL 9. BILBREY DEATH January 22	
offe Spin of the	5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years   FUNDER   YEAR   last birthday)   Months   Days	Hours Min
hours of them 18 Office all ond wheeling	Male White Widowed Divorced May 2, 1918 48 vis	
hourn Item Office	To USUAL OCCUPATION (Give kind of work done during most of working the, even if retired)  Distrument maker  U.A. Govt. Weather Washington D. C. U.S.A.  11 BIRTHPLACE (State or fore gn country)  12 C TIZEN O  COUNTRY:  U.A. Govt. Weather Washington D. C.  U.S.A.	
thin 24 I miner's C pages I in ony (	Onstrument maker U.A. Gout, Weather Washington, D. C. U.S.A.	
within pencl komine ile pagi nd in o	Dennis R. Bilbrey Rosetta A. Campbell	
d with pe Exor		
INER: This certificate should be executed within 24 hours e certificate, writing the word "pending" in pencl in Item I should be farwarded to the Chief Medical Exominer's Office files 3 should be used as a burial-transit permit file pages land int, prior to burial, cremation, or removal, and in any event	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)  Yes  Carolyn L. Jones  12400 lillage Sq  Carolyn L. Jones	uare Terr
exe endi Mer t pe	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY	TERVAL BETWEEN
be "p" hief	IMMEDIATE CAUSE (o) Fatty liver	JET AND DEATH
ould rord ne C al-tr ion,	DUE TO	
sho le v o th buri	Conditions, if any, which gove (b) (b)	
vertificate should writing the word rwarded to the Ch sed os o burial-tro	storing the underlying cause  lost  (c)	
tific ritin orde d os d os	lost   (c)     PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g)   19	WAS A ITOPSY
certifi arwar used buria		WAS AJTOPSY PERFORMED? (ES X NO )
This cate be for to	200 EXTERNAL CALLS WAS 200 DESCRIBE HOW INHIDE OCCUPANT (Force nature of invite in Part Loc Part II of tem IP.)	13 (4) 110
NER: This certificate, hould be failes should be to should be used to the prior to the prior to the training training to the training train	PRIMARY Or CONTRIBUTING CAUSE OF DEATH	
AL EXAMINER: This execute the certificate, ir Page 4 should be for your files 10R: Page 3 should be inated agent, prior to	20c TIME OF NJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Hame, farm, 20f (City ar town) (County)	(State)
AM e the the our	Hour a m  While Not While factory, street, office bldg, etc.)  p.m. 19 gt work at work	
L EXA Lecute Pege for you R:Pog ated o		In my opinion
MEDICAL EXA pleose execute I director Poge retained for you DIRECTOR: Pog ts designated o	deoth resulted from: Natural causes X Accident , Suicide , Hamicide Undetermined monner	, ,
MEDTA Medical director etained DIRECTS s design	ACTUAL CHIEF MEDICAL EXAMINER	
Ple ple ret ret ret ret ret ret ret ret ret re	SIGNATURE MD ASSISTANT MEDICAL EXAMINER (A)	22. DATE SIGNED
PUT Sory Sory De C	EXAMINER'S NAME (Type) Charles S. Petty DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	1/23/67
O DEPUTY ME necessory, pleo the functoil of 5 may be retailed of PUNERAL DIR Health or its d	230 BJRIAL (REMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d 10CAT ON (City of Town) (County	(Stote)
TO DEPUTY MEDICAL EXAMII necessory, pleose execute the the funeral director Page 4 sl 5 may be retained for your fi TO FUNERAL DIRECTOR: Page 3 Health or its designated agen	Burial Dan 26, 1967 Arlington Nat'l Cenetery Arlington, Virginia	
	24 FLYERAL DIRECTOR 1 Usac Clark E. Wisnord Co. Avenue 250 REC D BY REGISTRAR 256 REGISTRAR'S SIGNATU	RE
VR A15ME (5) 6M 1/66	Warner E. Pumphrey, Inc. Silver Spring, Md. DATE AN 26 1967 yellowles	udge
		0



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

L	00855	CERTIFICATE	OF DEATH		00855	
1	PLACE OF DEATH			Where deceased lived, if institut or		
١.	o. COUNTY	MARYLAND	% STATE Maryland	b. COUNT	Y ,	
ŕ	b CITY OR TOWN (If outside carparate limits,	c LENGTH OF STAY IN 16		itside corporate limits, write RURA	Land give pearest town)	
Ł	write RURAL and give negrest tawn)		· ·		c on a give nearest town,	
L	Takome Park	4 months	Takoma I	ark	16 DECIDENCE	
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital		d STREET ADDRESS		e IS RESIDENCE ON A FARM?	
7	Maskington Sanitarium and		732 Hill		YES NO	
3.	NAME OF First	Middle	Bingham	4. DATE Month	Doy Year	
П	(Type or print) Mr. Morgan	Dunstan	Bingham	DEATH January		
5	SEX 6. COLOR OR RACE 7, MARRIE	D NEVER MARRIED	8 DATE OF BIRTH		IF UNDER 1 YEAR   IF UNDER 24 HRS.	
	Male White WIDOWE	D DIVORCED	3-27-05	last birthday) 61 yrs.	Manths Days Hours Min.	
	g USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR	11 BIRTHPLACE (County	& State, or fareign country)	12 CITIZEN OF WHAT	
du	ring most of working life, even if retired) Linghway Inspector	Government	D.C.		COUNTRY?	
13	3. FATHER'S NAME	001011110110	14. MOTHER'S MAIDEN	NAME		
	Toward A Himsham		Alicia	McDonald		
11	James A Bincham  5. WAS DECEASED EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO 17. I	NFORMANT	Address		
	(es, na, ar unknawn) ((If yes give wor ar dates of service)	218_03_5775				
L	ves army		Patient's c	hart		
	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	for (a), (b), and (c).)			INTERVAL BETWEEN	
L	IMMEDIATE CAUSE (o)	holladow	<b>A</b>		SONSET AND DEATH L	
L	1939 DUE TO					
	Conditions, if any, which gave ) (b)					
L	rise to immediate cause (a).  Stoting the underlying couse DUE TO					
L	lost. (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?	
NS S				• • • • • • • • • • • • • • • • • • • •	PERFORMED?	
MEDICAL CERTIFICATION	20o ACCIDENT WAS UNDERLYING ☐ 205.	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Bort Lor Port II of item 18 \		
E T	OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJUNT OCCURRED.	femal natore of infort in	roll For rell it of them 10.7		
٦	{IF EITHER, NOTIFY MEDICAL EXAMINER}			Pag. (6)	(6. 1)	
3	20c. TIME OF INJURY Manth, Day, Year 20d		CE OF INJURY (Home, farm ory, street, affice bldg., etc.		(County) (State)	
ž	p.m. 19 at v	vark at wark	ory, shoot, attivo biagi, otc.			
	21. I certify that (I) (this hospital) att	ended the deceased fram 🗷	ev S.	186 no 10 27	, 19 <u>/</u> 0/, that (I) (we) las	
П	saw the deceased alive and the date stated above					
L	22a. SIGNATURE	MAIN	ATTENDING	MED STAFF	22b. DATE SIGNED	
П	James an a	A OFOCH WI	D PHYS.	MED. STAFF DIRECTOR PHYS.	1-28-67	
L	20c. PHYSICIAN'S James L. Whi	tlock	22d. ADDRESS	MC -16	No Praise	
L	NAME (Type) James - Will	STOCK	177/7	wall and 100	and last and.	
2	a. BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town	n) (County) (State)	
	REMOVAL (Specity) burial 2/1/67	Arlington N	Tational C	em. Ft. Mye		
-	24 FUNERAL DIRECTOR The S.H. Hi		1 250 REC'		ISTRAR'S, SIGNATURE	
	THE MOUNT	nesofter lith washington,	B.C.N. W.	FEB 1 1967	Milanley Judos	
1		MODITITIE	e o e puit	1001	11	

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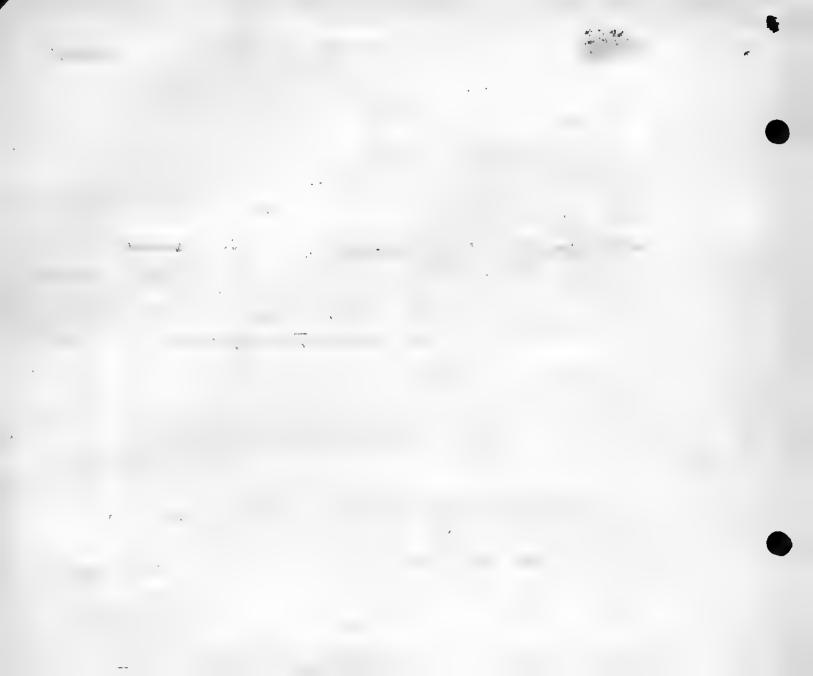
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the fundal director, page 3 should be detached for use as the buriol-transit permit—then please remove corban papers. Pages, I and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or remavol, and in any event, within 72 hours after death.

TO HOPPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

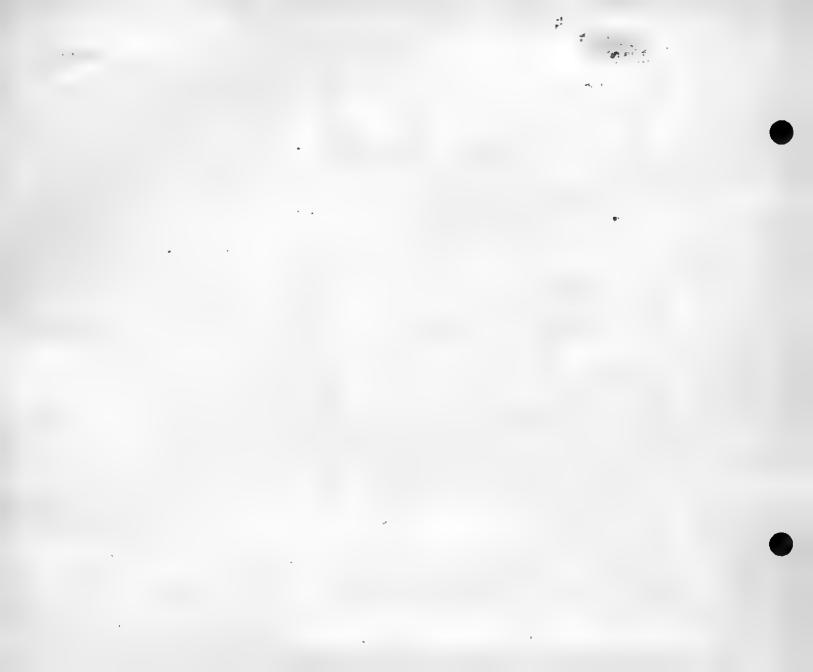
Poge 4 moy be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00856 00856 HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY o. STATE P. COTINTA 2, and 3 to PM3. Page pages I and 2 with the State Department of MARYLAND delay C LENGTH OF STAY IN 1h b CITY OR TOWN III outside corporate limits c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) give negrest town d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) IS RESIDENCE I in Item 18. Give Pages 1, er's Office along with farm ON A FARM? au YES NO 54 Middle NAME OF Year DECEASED OF DEATH (Type or print) AGE (In years SEX DATE OF BIRTH IF UNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED last berthday) Months Doys Hours after death. 25 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12 CITIZEN OF WHAT during most of working I te, even if retired) 13. FATHER'S NAME Area Manager -State of Israel BondotHER'S MAIDEN MAME This certificate should be executed within within 72 hours IS WAS DECEASED EVER IN ILS ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service e, writing the word "pending" forworded to the Chief Medical emonde INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY ONSET, AND DEATH event udder IMMEDIATE CAUSE (o) 4/2011 DHE TO any ( Cardio Vascular Diseasa. Conditions, if any, which gove rise to immediate couse (a). .= DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? removal, NO X should be 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port 1) of item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20e P.ACE OF INJURY (Hame, farm, 201 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or fown) (County) Hour om. foctory, street, office b da, etc.) Not While may be retained for your FUNERAL DIRECTOR: Page of work at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inquiry X, Inspection 🔽 and in my apinian Natural causes death resulted fram: Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Address (Street, city, town, or county) NAME (Type) 230. BLR AL, CREMATION. 23d LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 50 REMOVAL (Specify) Baltimore. Mareland Old Har Sinai Buria REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15ME (5) Levinson & Bros. Inc. 6010 Reist Rd



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00857 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. death physician and campletely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND event, within 72 haurs after ONTGEMERIE c. LENGTH OF STAY IN 16 b. CITY OR TOWN ( f autside corporate limits. c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) write RURAL and give\_nearest town) mos d. STREET ADDRESS IS RESIDENCE ON A FARM? pleáse remave carban papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) NO 6 NAME OF Midde Last 4. DATE Month Day Year DECEASED 19 6 (Type or pnat) DEATH IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED L'Jast birthday) Months Davs Haurs DIVORCED WIDOWED 106, KIND OF BUSINESS OR 10a, USEAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME MOTHER'S MAIDEN NAME cremation, ar removal WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMAN Address (Yes, no, or unknown) (If yes give war or dates af service) INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by 1 be retained by the hospital ar attending physician. DUE TO burial Conditions, if any, which gave nse to immediate cause (a), DUE TO stating the underlying couse as the TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use NO [] YES ò 20a ACCIDENT WAS UNDERLYING [] 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or lown) (County) (State) TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Nat While While at work of work 21. I certify that (1) (this haspital) attended the deceased from and that death accurred at M. from causes and an the date stated above saw the deceased alive on 220. SIGNATURE 226. DATE SIGNED **ATTENDING** MD PHYS DIRECTOR PHYS director, page should be filed 22d ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) 23d LOCATION (City or Town) BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) ADDRESS 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Milianely



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00858 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b. COUNTY o. COUNTY Montgomer-V Columbia d in any event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Washington hery Chase # STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address) IS RESIDENCE ON A FARM? 5/30 Connecticut Are, N.W YES NO IX NAME OF 4 DATE regin and completely together Lost Month Doy Year DECEASED OF DEATH 3 cumond 19 6 (Type ar print) DATE OF BIRTH 9. AGE LU IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED vears iost birthday) Months Davs Hours 12-1-1891 WIDOWED 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired)
Retired - Administrati COUNTRY? INDUSTRY, Enn Sylvania 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME director, page 3 should be detoched for use os the burial-transit permit. They should be filed with the State Dept. of Heolth prior to buriol, cremotion, or remen ames Campbell 17 INFORMANT 16. SOCIAL SECURITY NO burial-transit permit 18. CAUSE OF DEATH (Enter only one cause per line-fan (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if only, which gave rise to immediate couse (o), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been for use os the 19. WAS AUTOPSY PERFORMED? PART I! OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) trovenzive a.s. YES NO 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Pair I or Part II of item 18) 20o ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or fown) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour am. factory, street, office bldg, etc.) al wark 1953, to x 1200 21. I certify that (I) (this hospital) attended the deceased fram Var saw the deceased glive an Jan 30 1967, and that death occurred at 1 M. from causes and on the date stated abave. 22b. DATE SIGNED 22a SIGNATURE men DIRECTOR M.D. 22d. ADDRESS 22c PHYSICIAN'S 11954 McMahonald 3000 NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) 2-3-1967 St. Mary's Cemetery Washington D.C.
REGISTRAR ZSb REGISTRAR'S SIGNATURE **ADDRESS** 2Sa REC'D BY REGISTRAR Sons VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00859 CERTIFICATE OF DEATH be executed within 24 hours after deoth signed by the ottending physician and completely filled in by the funeral buriot-tronsit mermit. Then please remove corbon papers. Pages 1 and buriat, cremation, or removal, and in any event, within 72 hours after deat PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY b. COUNTY MARYLAND b. CITY OR TOWN All outside corporare limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RUBAL and give neorest town) 4 months d\_NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS ON A FARM? YES 🗔 NO X NAME OF Middle Lost DATE Year DECEASED DEATH 196 (Type or print) S. SEX AGE IF UNDER F UNDER 24 HRS COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH (In/yeors b/thdoy) 105 Months Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) Rest of working life, even if retired) OHINDUSTRY School COUNTRY? Buttalo New York
14. MOTHER'S MAIDEN NAME corringole 13. FATHER 5 NAME burial, cremation, or removal, George Harlo Mary Kahn WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. law requires that the death RICH Ramsey Ave. (Yes, no, or unknown) (If yes give wor or dates of service) Mr. Donald K. Staley TERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) rise to immediate couse (a), stating the underlying cause the this certificate hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR 19. WAS AUTOPSY PERFORMED? YES 🗔 NO SCHOOL HOW WOURY OCCUPATION CON TROPERS TO THE OF THE OWN THE PORT TO 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) foctory, street, office bldg., etc.) Not While TO FUNERAL DIRECTOR: After 19 65 to Jack 5, 196/that (1) (wa) lost 21 I certify that (1) (this hospital) attended the deceased from Dec G saw the desegsed alive an Jain 19 and that death accurred at 2330 M, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED M.D. PHYS. director, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) Burial (Specify) Buffalo. New York Pinehill Cemetery 10. 196 REC'D BY REGISTRAR 25b. REGISTOAR'S SIGNATURE VR A15 (4) 20 M 1/66 MA DATE Silver Spring.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00860 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) o. COUNTY. 3 to Page o. STATE b (OJNIY of mmamero after death. MARYLAND monlgomer Department b CITY OR TOWN (If outs de carporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate timits, write RURAL/and give nearest town) write RURAL and give nearest Nwn) 18 HEGAS d NAME OF HOSPITAL OR INSTITUTION of not in hospital give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? farm haurs 10.00 NO TO Poges YES ate 10,00 ofter death Middleillian NAME OF 2 72 DATE Day Year DECEASED the 0F Give within 19 60 (Type or print) DEATH with 5 SEX DATE OF BIRTH JE LINDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARR ED NEVER MARRIED 9. AGE (In years Mon\*hs es = Doys Hours WIDOWED DIVORCED event ma Office and 2 Item 10a USEA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired). Unemployed machinist INDUSTRY Forest City. Penna. Ony pages Machines xaminer's 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME pencil \_= Watts Brasso Rose Waras puo 17 INFORMANT .⊑ 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECUR TY NO. be executed 10007 Greeley Avenue (Yas, no or unknown) (If yes give war or dates of serv ce Medical pending Antoinette B. Brasso Ues ues ilver Spring. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY Exsanguination shock due to Ю IMMEDIATE CAUSE (o) word This certificate should cremotion, DUE TO Conditions, if ony, which gove Gunshot wound in neck (b) rise to immediate cause (a). DUE TO stoting the underlying couse 0 writing t lost. 50 used os burial, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY please execute the certificate, NO 0 pe prior 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 3 should PRIMARY: Or CONTRIBUTING EXAMINER: Deceased shot self in neck CAUSE OF DEATH 20e PLACE OF INJURY (Home form. (Stote) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20f. (City or fown) (County) Hour o.m. foctory, street, office bldg., etc.) While Not While or your FUNERAL DIRECTOR: Poge ilver Spring Montg Md Page 1967 of work Home 10+20 --- 1-15 of work 21. I certify that Look charge of the remains described above, field an Autopsy Inspection and in my apinian director. Accident 7 death resulted from Natural causes Suicide : Homicide Undetermined mariner moy be retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funerol TO FUNE. Health ar it O DEPUTY DEPUTY MEDICAL EXAMPLE **EXAMINER'S** NAME (Type) 23c. NAME OF COMERRY OR CREMATORY the BURIAL CREMATION 23b. DATE THEREOF 23d LOCATION (City or Town) BHLIAL (Specify) 1967 Arlington National Cometery 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15ME (5) 9na. Pumphrey. 6M 1/66 Silver Spring.

387 3-27-MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



- 1	00863	}	CERTIFIC	ATE OF DEATH		Reg. Dist. No	.0086
1.	PLACE OF DEATH o. COUNTY	Montgomery	MARYLAND	2 USUAL RESIDENCE (WAS 0. STATE NEW YO	& COUN	tution: Residence before	are admission)
	RURAL and give in Silver S	Spring.	21 months	E. CITY OR TOWN (IF o	utside corparate limits, writ	e RURAL and give ne	earest tawn)
	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give	street address)	d. street address 2620 28264 G3	Lenwo od Road		e. IS RESIDENCE ON A FARM YES NO
3	NAME OF DECEASED (Type or print)	SARAH	Middle	BROMER.	I OF _	North Di	y Year
	Female	White w	- MARRIED NEVER MARRIED NOT	8. DATE OF BIRTH Sept. 1883	lasi birthday	Manths Days	Hours M
10	d. USUAL OCCUPATION  during most of world  HOUSEWILL	king life, even it retired)	10b. KIND OF BUSINESS OR INDU	JSTRY 11 BIRTHPLACE (State of	r foreign country) Poland		OF WHAT COU
13	. FATHER'S NAME	ua David Ober	rkowitz	14. MOTHER'S MAIDEN N Jennie	Me / David/ Shan		
15 (Y	. WAS DECEASED EVE	R IN U. S. ARMED FORCE: (If yes, give war or dates of serving		informant Mrs.Eleanor Sa	cks - DAU	9009_Garl	and Ave
		ATH [Enter only one couse ITH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e per line for (o), (b), and (c).]	of the Cas	cun cuel	# INT	ERVAL BETWEE
z	Canditions, if a gove rise to i cause (a), stating lying cause lost.  Part II OTI	mmediate the under- (c)	MONS CONTRIBUTING TO DEATH BU	A	nal disease condition (	GIVEN IN PART 1(0)	PERFORMED
CATIO		Curtues	1	LISPENE			YES   NO
AL CERTIFICATION		MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in P			YES [] NO
MEDICAL CERTIFICATIO		Y Month, Day, Year	20d. INJURY OCCURRED 20e, PI		20f. (City of town)	(County)	YES NO
	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Year	20d. INJURY OCCURRED 20e. Pl While Not while of wark control o	ED. (Enter nature of injury in PLACE OF INJURY (Home, farm, actory, street, affice bldg., etc.)	20f. (City or town)	Zthat I last so s and an the da	ow the dece
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.  21. I certify th alive an  ACTUAL HOTTORI PHYSICIAN'S NAME (Type)	Month, Day, Year 19 oot I attended the de	20d. INJURY OCCURRED While Not while of wark of wark 12. CPU  eceased fram	ED. (Enter nature of injury in PLACE OF INJURY (Home, farm, actory, street, affice bldg., etc.)  1924, ta  h accurred at 125  M.D. 2007	201. (City or town)  21 Jan, 19 Common the causes  DORESS (Street, city or town)  CUER SOR	2, that I last so sond on the da on, state)	ow the dece
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.  21. I certify th alive an  ACTUAL HOTHERINA PHYSICIAN'S	oot I attended the de 3	20d. INJURY OCCURRED While Not while of wark   20e, Place of wark   19   19   19   19   19   19   19   1	ED. (Enter nature of injury in P  LACE OF INJURY (Home, farm, actory, street, office bldg., etc.)  19 1	201. (City or town)  21 Jan, 19 Common 19 Comm	2, that I last so sond on the da on, state)	ow the decenter stated of DATE SI



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00864 00864 24 hours ofter death death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) physician and completely filled in by the funeral en please remove carban papers. Pages I and PLACE OF DEATH o. COUNTY b. COUNTY o. STATE Montgomery Maryland Montgomery MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town)
Takoma Park Silver Spring papers. hin 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE Wash. San. NO 30 207 Bluff Terrace YES | requires that the death certificate be executed within 3. NAME OF × Eirs! Middle Lost 4. DATE Month Dov Year DECEASED DA BROOKS 1967 DEATH Jan. 19 (Type or pnnt) IF UNDER 24 HRS. S SEX 8. DATE OF BIRTH AGE (in years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** Last birthdoy) Months Hours Aug 16, 1891 White WIDOWED FT DIVORCED Female 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Roumania USA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Morris Kolmar -----unknown-----IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes no, or unknown) (If yes give wor or dotes of service) 216-18-6774 Mrs. Eva Rochkind, same as 2 above INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). cremati burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY: EBRAC HEMOLRHAGE IMMEDIATE CAUSE (o) ģ attending physician. DUE TO signed t FRIOSCLEROSIS-BENERALIZED Conditions, if ony, which gove " rise to immediate cause (a), DUE TO stating the underlying cause as the prior tal this certificate has been EROTIC HOTAT far use as WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDELIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour a.m. Not While ot work O FUNERAL DIRECTOR: After /1967 ta 140 2196 7 that (1) (we) last be retained 19 67, and that death accurred at 2 M. from causes and an the date stated above. saw the deceased alive an-226 DATE SIGNED 22o. SIGNATUR ATTENDING DIRECTOR M.D. director, page should be filed 22d. ADDRESS 22c PHYSICIAN NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify)
Burial Beth Tefiloh Cem. Balto.. Md. 25b. REGISTRAR S SIGNATURI 24 FUNERAL DIRECTOR **ADDRESS** 2So. REC D BY REGISTRAR Goldberg Funeral Home 4217 9th Street N.W. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 00865 CERTIFICATE OF DEATH ond 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) funeral PLACE OF DEATH b. COUNTY NIGOMER MARYLAND b CITY OR TOWN (If guitside corporate limits c. LENGTH OF STAY IN 1b c CITY,OR TOWN A outside corporate limits, write RURAL and give neorest town) werte RURAL and give negrest town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AODRESS e. IS RESIDEN DATE NAME OF First Middle Month Doy Year ₹ DECEASED (Type or print) OF SOM 011/71 196 burjol, crematian, or removal, and in ony event, DEATH IF UNDER 24 HRS AGE (in years S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Hours Dovs 2-14-14 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? during most of working life, even if ret red) MAINTENANCE 14. MOTHER'S MAIDEN NAME 13. FATHERS NAM INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or Julknown) (If yes give war or dotes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While of work ot work 21. I certify that (I) (this haspital) attended the deceased from Dec. 2 director, page 3 should should be filed with the 1966, and that death occurred at 10:30AM, from causes and on the date stated above saw the deceased alive an Dec. 29 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. M.D. PHYS DIRECTOR 22d. ADORESS 22c. PHYSICIAN'S HOSPITAL NAME (Type) IRAUM 230 BURIAL CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d toCATION (City or Town) (Stote) REMOVAL (Specify) KNOWN 2514 3VA 2Sb REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL/ DIRECTOR VR A15 (4) 20 M 1/66 Marley Judge DATE



1 1		MARYLAND STATE DEPAR RCH_AND_RECORDS, 301, W.	TMENT OF HEALTH PRESTON STREET, BALTIMORE, N	MARYLAND 21201
	00866	CERTIFICATE O	F DEATH	00866
funeral l ond er death	PLACE OF DEATH  O COUNTY  O COUNTY  O COUNTY	MARYLAND	PARWIANO.	MontsomER >
physician ond completely filled in by the funeral filten please remove carbon papers. Pages 1 and 2 mavol, and in any event, within 72 hours after death	b CITY OR JOWN (If outside disporate imits, write RURAL and give nearest town)  Bethesda	9DASO C.	TY OR JOWN (If outside corporate limits, w	15.1
illed in popers. Vin 72 h.	d NAME OF HOSPITAL OR INSTITLTION (If not in hospital, g	1-5	S. W. Teving 5-	e is residence on a farm? yes \( \) no
letely fi corbon int, with	NAME OF DECEASED (Type or pnnt)	W. Br	CO CO CO CONTIN	Month Day Year 7
d comp smove only eve	SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	DIVORCED   11/	TE OF BIRTH 9. AGE (In y last birth	doy) Months Doys Hours Min yrs.
ond in	wing most of working life, even if retired)  NON	DUSTRY	BIRTHPLACE (County & State, or foreign country)  Maryand Th	12. CITIZEN OF WHAT COUNTRY?
May 18 18 18 18 18 18 18 18 18 18 18 18 18	FATHER NAME UNKNOWN		MOTHER'S MAIDEN NAME Elizabeth	
affection by the offending the prior to buriel, tremation, or referred to buriel.	es no grunknown). (If we give war or dates of service)	577-30-4140 MR		Address
n. y the consit piecemation	IB. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) COMO	(o), (b), ond (d).) nary insufficiend	су	INTERVAL BETWEEN ONSET AND DEATH
signed by the buriol tremati	Conditions, if any, which gave (b)	AS, H. Ve	?	10900
icote has been signed by the ottending physicote has been signed by the ottending physicot use as the buriol, tremation, or remavol,	stoting the underlying couse (c)			1(a) 19. WAS AUTOPSY
rificote hos of Heolth pr	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T			YES NO
certificate iched for ppt. of Heo		<u> </u>	noture of injury in Port I or Port II of item  INJURY (Home, form,   20f. (City or form)	
After this certification of the state of the	p.m. '' of worl	Not While foctory, sh	reet, office bldg., etc.)	
Onned b	21. I certify that (I) (this haspital) attended as the deceased alive an 220. SIGNATURE	ded the deceased from 1967, and that dea	oth occurred at/s/c76M, from co	auses and an the date stated obove.
be retoined DIRECTOR: /	22C. PHYSICIAN S 44 A D 3444	M.D. A	ATTENDING MED. STAF	
Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for ushould be filed with the State Dept. of Healing	NAME (Type)  NAME (Type)  SO BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR CREMA	8 d 1 8 W bal	y or Town) (County) (Stote)
	REMOVAL (Specify) d 1/9/67	Lincoln Memori	al Cem.	Juitland Md.
VR A15 (II)	Total T. Kheues lo	3015-12 StillE	DATE JAN 9 198	I forester friends



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00867 CERTIFICATE OF DEATH executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Montgomery

b. CITY OR TOWN (if autside carparote limits, write RURAL and give nearest town) MARYLAND event, within 72 hours after c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corparate limits, write RURAL and give negrest town) Washington Rockville d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? Penn. A ve. N. Potomac Valbey Nursing Home NO Z NAME OF Middle 4 DATE Manth Day Year Last DECEASED ROWN 1967 (Type or print) DEATH IF UNDER 1 YEAR LIF UNDER 24 HRS SEX 6 COLOR OR RACE B DATE OF BIRTH 9 AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) burial, crematian, ar removal, and in any W.DOWFD DIVORCED 106 KIND OF BUSINESS OR 10g LISUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Bookkeeper INDUSTRY COUNTRY? D. C. requires that the death certificati physic 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME hen Rose Franklin Virgle Brown 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 578-09-590d Evelyn M. Brown-wife Same as #2D 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p QUSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DIJE TO Conditions, if any, which gove (b) rise to immediate cause (a), DUE TO stating the underlying couse by the haspital ar attending as the State Dept. of Health prior to 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO L certificate ğ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part II of item 18) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20d INIURY OCCURRED (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) Not While at wark at work 2). I certify that (1) (this hospital) attended the deceased fram 1966, to 1/22 , 19 67 that (I) (we) las 19 6. 7, and that death accurred at 2.7 M. from causes and an the date stated above saw the deceased alive an 220/SVGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS. 22d. ADDRESS PHYSICIAN'S directar, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (Stote) Cedar Hill Cemetery 1.25.67 Suitland. Maryland 0 Home. 300.4th st N 24. FUNERAL DIRECTOR Lee Funeral 2So. REC'D BY REGISTRAR 6



15	MARYLAND STATE DEPARTMENT OF HEALT Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET,	
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, CERTIFICATE OF DEATH	00868
cernificate be executed within 24 hours after deoth proxician and completely filled in by the funeral filen please remave carbon papers. Pages 1 and movol, and in any event, within 72 hours after death	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where	deceased lived, if institution Residence befare admission)
ecuted within 24 hours after deot tompletely filled in by the funeral ave carban papers. Pages 1 and y event, within 72 hours after deat	o. COUNTY Montgomery Maryland Maryland Maryland	b. COUNTY Montgomery
offe des affi	Montgomery  b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Maryland  C LENGTH OF STAY IN 1b  C CITY OR TOWN (if outside write RURAL and give nearest town)	torporate limits, write RURAL and give nearest tawn)
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m 22 m 2	Home 5141 Mass Ave. N. W. 5141 Mas	S. Ave. N. W. YES NO
if i	DECEASED	DATE Manth Day Year
d w lete orb	(Type or print) Elisabeth Prender Buchanan	DEATH Jan 20 19 67
ve c	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH	2 AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS   Age   Hours   Man   Hours   Man
d cc d cc	Female White WIDOWED DIVORCED MAR 31, 189	17/1/3 Yis
be re re	100 LSJAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State LINDUSTRY)	e, ar foreign country) 12 CITIZEN OF WHAT COUNTRY?
ate	Lawver Legal D. C.	U.S.A.
S - 0	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	George Prender Sarah Cha	
E ± 5	IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, ar unknown) (If yes give war ar dates af service)	Address
after erm	S. N. Buchanar	
The law requires that the dear cervificate be executed within 24 hours after attending physician.  hos been signed by the attending physician and completely filled in by the furuse as the buriol-transit permit. Then please remaye corban papers. Pages I the priar to buriol, cremation, or removal, and in any event, within 72 hours after the priar to buriol, cremation, or removal.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) ) PART I. DEATH WAS CAUSED BY.	OR ANTERVAL BETWEEN CONSET AND DEATH
that in. by 1 rons rem	IMMEDIATE CAUSE (o) COCCOOL CONTROL CO	Trecercy for meeting
sicio sicio led lol-ti ol, c	Conditions, if any, which gove ) (b) General med anterior	released year
phy phy sign buri	rise to immediate couse (a),	2007
v reing	stating the underlying couse (c)	*
lav endi s be as t	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FRANKING DISPASE CONDITION	N CIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED?
The aff	E CUSE ANCUNE WILL WITH JACK  200, ACCIDENT WAS UNDERLYING   205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I	PERFORMED?
AN: Il or cate ar u deal	20g. ACCIDENT WAS UNDERLYING []   20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I	
Porting of the Control of the Contro	OR CONTRIBUTING CLAUSE OF DEATH	,
HYS hos s ce ache ept.	20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm,	20f. (City or tawn) (County) (State)
the the det	Haur o m. 19 While Not While at wark at wark at wark at wark at wark	<b>D</b> . //
OR ATTENDING PHYSICIAN: be retained by the haspital or NIRECTOR: After this certificate e 3 should be detached far to ed with the State Dept. of Hea	21. I certify that (I) (this haspital) attended the deceased fram 1999, 19	to Per 2, 19 Cothot (1) (we) loss
R: A	saw the deceased alive an Dec 1966, and that death accurred at 1	from causes and on the date stated above.
ATI OF SELECTION O	22a. SIGNATURE O DRIVERS ATTENDING MED.	STAFF 22b. DATE SIGNED
OR COR	M.D PHYS. L DIRE	CTOR PHYS.    -20-6/.
AI DO	22c. PHYSICIAN'S CPRYLAND 22d ADDRESS 4	GBISTNW.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the buriol-tron should be filed with the State Dept. of Health priar to buriol, cree		
FUN FUN	DEMONTAL (Co., 26 )	(State) (County) (State)
5g 5 g 2	1/24/67 Ft. Lincoln	Bladensburg, Md.
VR A15 (4)	24. FUNERAL DIRECTOR Lee Funeral Home ADDRESS 250. RECO BY Washington, D. C. DATE JA	
20 M 1/66	Washington, D. C. DATE JA	N 26 1967 Scharles Judge



1 /	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
(AA)	00869	CERTIFICATE OF E	· · · · · · · · · · · · · · · · · · ·	00869		
ter deoth funeral s l ond tter death	1. PLACE OF DEATH PROUNTY Plonigonery	MARYLAND 0. STAT	RESIDENCE (Where deceosed lived, if institute b. CO)  MARY LONG	UNITY Rance Georges		
requires that the death certificate be executed within 24 haurs after death giphysicion.  signed by the attending physician and completely filled in by the funeral burnal-transit permit. They please remove carbon papers. Pages I and a burial, cremotian, or remove and in any event, within 72 hours after death	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)  5.   UCV Spr, Ng  d NAME OF HOSPITAL OR INSTITUTION (If not in haspital,	Ea	R TOWN (IP autside carparate limits, write R STRIVER (A)/G ADDRESS	URAL and give nearest town)		
filled in paper thin 72	HOLY CROSS HOSPITAL Of SIL	ILA SPRING 5	709 Carter's	Lane YES NO DE		
ate be executed within 24 ician and completely filled i lease remove carbon paper and in any event, within 72	3. NAME OF PIEST P	Middle 19 BUCKI  NEVER MARRIED   B. DATE OF	ley DEATH dar	Doy Year  144 - 4 3 1967  IFUNDER I YEAR I FUNDER 24 MRS.		
e execut ond com remove in any ev	Female white WIDOWED	DIVORCED 12/	a lost frietfolous	Months Doys Hours Min.		
cate be sician o olease	during most of working life, even if retired)  13. FATHER'S NAME	DUSTRY MO	MYGOMERY. MARYLO.	12. CITIZEN OF WHAT COUNTRY?		
ng physing physical property of the physical phy	MARK Buckle		Louise May	Tress		
te death certificate b attending physician permit. Then please ion, or removals and i	(Yes, na, or unknawn) [Iff yes give war ar dates of service)  18 CAUSE OF DEATH (Enter only ane cause per line for	Mothe		Address Interval Between		
equires that the death certif physicion. signed by the attending phy burial-transit permit. Thes, burial, cremotion, or remove	PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO	Purulent	neungter	Cole CONSET AND DEATH		
requires tha g physicion n signed by burial-tran	Canditions, if any, which gave rise to immediate cause (a).  Stating the underlying couse	Alpha streptococcu	s			
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IAN: The law re tall or ottending ficate has been for use as the Health prior to the tall of the tall of the tall of the tall or to tall or ta	E 200 ACCIDENT WAS UNDERLYING ED 205. DI	SCRIBE HOW INJURY OCCURRED. (Enter notur	e of injury in Part I ar Part II af item 18.)	YES IN NO		
S PHYSICIAI the haspital this certific detached for		NJURY OCCURRED 20e. PLACE OF INJUR	Y (Hame, farm, 20f. (City ar tawn)	(County) (State)		
ATENDING PHYSICIAN: The law stained by the haspital or ottendinGTOR: After this certificate has bee shauld be detached for use as the ith the State Dept. of Health prior the state Dept.	Hour a.m. 19 While of war 21. I certify that (I) (this hospital) after	k 🗀 at work 🗀	frice bidg., etc.) //	/ 3_, 195 7, that (I) (we) last		
OR ATTENDING be retained by the SIRECTOR: After is 3 shauld be and with the State	saw the deceased alive an	1967, and that death of	occurred at 157. M, from cause	s ond on the date stated obove.  22b. DATE SIGNED		
AI OR ay be railed w	22c. PHYSICIAN'S NAME (Type) 1040 Murray Pa	M.D. PHYS. 22d.	ADDRESS PHYS.	75/67 Md;		
Poge 4 may be retained by the haspital or To FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us should be filed with the State Dept. of Health	23g. BURIAL CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR CREMATORY		Town) (County) (State)		
2 2 5 % VR A15 (4) .	REMOVAL (Specify)  Jan 5, 1967  24. FUNERAL DIRECTOR	Mt Olivet Cemeter		REGISTRAR S SIGNATURE		

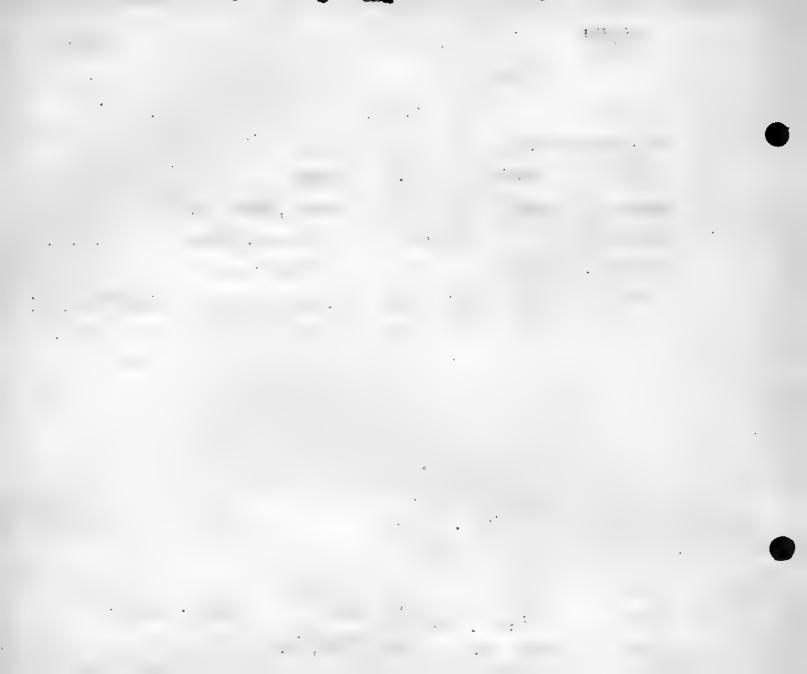
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00870 CERTIFICATE OF DEATH 00870 in and campletely filled in by the funeral ise remave carbon papers. Pages Land 2 id in any event, within 72 haurs after death. executed within 24 haurs after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission o. COUNTY o STATE **b.** COUNTY MARYLAND Montgomery b CITY OR TOWN (If outside carporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) write RJRAL and give nearest fown) 36 days Tucson Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8630 East 22nd Street 85710 The Clinical Center, Bethesda, Md. 20014 YES NO X 3. NAME OF Middle 4. DATE Dov Year DECEASED OF DEATH 19 67 Budurin January 13. Alexander Aleck (Type or print) 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED 130 **NEVER MARRIED** last birthdoy) Doys 4 April 1921 White WIDOWED DIVORCED Male 100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be physician a during most of working life, even if retired) Veterinary COUNTRY? Pennsylvania Veterinarian 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME ar remaval, Carolyn Isreal Kristof Budurin 17. INFORMANThe Medical RecordAddress 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) signed by the atten burial-transit permi burial, crematian, a Not available The Clinical Center. Bethesda, Maryland 1942-1945 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Pseudomonas Septicemia IMMEDIATE CAUSE (o) DUE TO Chronic Myelogenous Leukemia 3 years Conditions, if only, which gove rise ta immediate cause (a). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS'
PERFORMED? for use YES EX. NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) 21. I certify that (b) (this hospital) attended the deceased fram <u>December 8</u>, 19, 66, ta <u>Jan. 13</u>, 19, 67, that (t) (we) last saw the deceased alive on <u>Jan. 13</u>, 19, 67, and that death occurred at <u>9:25</u>M, from causes and an the date stated abave 3 shauld with the 22b. DATE SIGNED 220. SIGNATURE ATTENDING ☑ 14 January 1967 director, page 3 shauld be filed v DIRECTOR PHYS 22d. ADDRESS The Clinical Center, National 22c. PHYSICIAN Roland T. Skeel, MD NAME (Type) Institutes of Health, Bethesda, Md. 20014 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) 23o. BURIAL CREMATION. (Stote) Evergreen Cemetery Burnation Transit 1-15-67 Tucson, Arizona 2So REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE **ADDRESS** liarles PUMPHREY, Bethesda, Maryland VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00871 00871 CERTIFICATE OF DEATH death? remuires that the death certificate be executed within 24 hours after death. by the funeral Pages 1 and 2 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Virginia Montgomery MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Bethesda (rural) 4 days Falmouth campletely filled in lave carban papers d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS 8 IS RESIDENCE ON A FARM? Route 2. Box 69 YES NO X Naval Hospital 3. NAME OF Middle 4 DATE Month Lost Year DECEASED 8 BURTON January Lillian Mae DEATH 19 (Type or print) IF UNDER 1 YEAR 9. AGE (In years TIF UNDER 24 HRS. S SEX 8 DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** birthdoy) Dovs Aug. 18, 1938 Female Cauc. DIVORCED WIDOWED 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? USA N/A Virginia Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Bladys Bartee Alfred Lloyd Meade signed by the attending p burial-transit permit. The 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO Address Va. Ukknown Linwood Ashby Burton, Rte 2, Box 69, Falmouth No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bilateral bronchial pneumonia IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUE TO Canditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES X Myeloblastic leukemia NO TO FUNERAL DIRECTOR: After this certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While factory, street, affice bldg, etc) ot work ot work 21. I certify that (\$\psi(this hospital) attended the deceosed from \_\_Jan. 4\_\_\_\_, 19.67, to \_\_Jan. 8\_\_\_, 19.67, that (\$\psi(we)\$ last saw the deceased alive an \_\_Jan. 8\_\_\_\_\_19.67, and that death accurred at \_355PM, from causes and an the date stated above. saw the deceased alive an Jan. 8 226 DATE SIGNED . 1967 200 SIGNATURE ATTENDING DIRECTOR PHYS. M.D. ugnor TO HOSPITAL (Page 4 may b 22d. ADDRESS 22c. PHYSICIAN'S Naval Hospital, Bethesda, Md, Robert J Kinney 23d LOCATION (City or Town) (County)
Spotsylvania County, 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 230 BURIAL CREMATION. Sunset Memorial Gardens Bully (Specify) 1-11-67 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wheeler & Thompson ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Funeral Home, Fredericksburg, Virginia



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00872 funeral and Z, death. 24 hours after death, PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY etely filled in by the furbon papers. Pages 1 a within 72 hours after d Montgomery MARYLAND UMORY b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RORAL and give negrest town) write RURAL and give nearest town) Silver Spring 423. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 9505 Thornhill, Road NO V YES executed within completely carbon NAME OF First Middle Last DATE Month Day Year DECEASED DF event, Mamie (Type or print) DEATH 190 Canun remove i 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED and WIDOWED 🔀 emalo DIVORCED ⊑ 10b. KIND OF BUSINESS OR INDUSTRY
Own Home 1Da. USUAL OCCUPATION (Give kind of work done I 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT the attending physician t permit. Then please death certificate be during most of working life, even if retired) and COUNTRY? Housewite olumbia. Georgia removal. 13. FATHER'S NAME MOTHER'S MAIDEN NAME William R. Hairston Inlia Holloway INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 5 (Yes, pg, or unkown) (If yes give war or dates of service) cremation,  $N_{\rm III}$ None 258-72-762 Louise CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN burial-transit | burial, cremat ONSET AND DEATH has been signed by PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate the DUE TO cause (a), stating the underlying cause last, 93 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate CERTIFICATI NO DE YES [ for 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 1) of Item 18.) detached CAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) State Hour a.m. MEDI After While Not While at work p.m. at work OR ATTENDIN be retained I O TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the I certify that (I) (this hospital) attended the deceased from. and that death occurred at 12:10 M, from the causes and on the date stated above. saw the deceased alive on 22a. SJONATURE 22b. DATE SIGNED MED. Page 4 may b 22 C. HYSICIAN'S ADDRESS NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR GREMATORY LOCATION (City, town or county) (State) REMOYAL (Specify) 1967 Decatur Cemetery Decatur. Georgia 18 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00873 00873 requires that the death certificate be executed within 24 hours after death Nian and campletely filled in by the funeral lease remove carban papers. Pages 1 and 2 and in any event, within 72 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b COUNTY Prince George o COUNTY Montgomery Maryland MARYLAND b. (ITY OR TOWN (If autside carporate limits, write RURAL and give necrest town) c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 West Lanham (Hyattsville) d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? University Nursing Home 7428 Jefferson Street YES NO EXC 3. NAME OF Middle DATE First CARAMANICO Month DECEASED OF Jan DOMENICO 19 (Type or print) DEATH IF UNDER I YEAR IF UNDER 24 HRS 5 SEX AGE (In years 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED **NEVER MARRIED** 29 b rthday) Sept. 27, 1937 Manths Haurs White Male WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country)
Vasto, Italy 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT U (OSIRYA. during most of working life, even if retired) Barber Shop 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial, crematian, ar removal Gracia Ciffolilli Camillo Caramanico 3717 Quimos Street 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. signed by the attendir burial-transit permit. (Yes, po. grunknawn) (If yes give war or dates of service) 578 52 1383 Hyattsville, Md. Hayt G. Brown INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per,line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (d)? Page 4 may be retained by the haspital ar attending physician. **DUE TO** Canditians, if ony, which gave (b) rise to immediate cause (o) DUE TO far use as the b Health priar tab stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) MEDICAL CERTIFICATION NO YES [ 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) director, page 3 should be detached should be filed with the State Dept. of (State) (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, Haur a.m. Not While factory, street, office bldg., etc.) at work 21. I certify that (1) (this has gital) attended the deceased from hore 26, 1966, ta 2 19 6 7 and that death accurred at 2.45 AM, from causes and an the date stated above. saw the deceased olive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR M.D. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) Washington D. C. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) 23a. BURIAL CREMATION, Mt. Olivet 1/6/67 B EMPYAL Epecify) ADDRESS 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Md. VR A15 (4)



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ı	5. \$	Type or print)	Kobert	7	Jennings		rlton	DEATH	9. AGE (In years	TY 4		9 6 7 FR 24 HRS
ı			6. COLOR OR RACE			^	4	1000	lost birthday]	Months Doys		Min.
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	7	couse fost.	) (c). HER SIGNIFICANT CONI	DITIONS CONTRI	U TING TO DEATH BU	L NOT RELAT	TED TO THE TERA	AINIAI DISEAS	E CONDITION OF	VENE IN PART TON	10 WAS A	NUTOPSY
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				DECEMBE HOW	V INJURY OCCURRED		re of injury in Po	et Lar Part II	of item 18.)	1 7 7 1 7	111/2	
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	CERTIFIC	200, EXTERNAL CAPRIMARY- or COLOR OF DEATH.	NTRIBUTING []	eceased a	started and sat in	Dack	n garaa	ge wit	n no ven	itilatio		
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00875 CERTIFICATE OF DEATH death. law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission and campletely filled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH K COUNTY e. COUNTY o. STATE se remave carban papers. Pages 1 d in any event, within 72 hours after MARYLAND h (ITY OR TOWN (If outside corporate limits, LENGTH OF STAY IN 16 c CITY OR TOWN (I aufside carparate limits write RURAL and give nearest town) write RURAL and give nearest fourt e IS RESIDENCE TREET- ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES T NO [ by the attending physician and campletely fi transit permit. The reader remave carban crematian, or removal, bita in any event, with 3. NAME OF Middle 4. DATE Month First Doy Year Lost DECEASED (Type or print) DEATH IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthdov) Months Days Hours WIDOWED DIVORCED 100 JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR CITIZEN OF WHAT & State, or foreign country) **COUNTRY 3** INDUSTRY 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAMI WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN 16. SOCIAL SECURITY NO. Address (Yes no or unknown) (If yes give war or dates of service) INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO as the burial-tr priar to burial, c Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use ( Health p CERTIFICATION YES 12 NO 1 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (Stote) TIME OF INJURY Month, Day, Year Not While factory, street, office bldg , etc.) of work 21. I certify that (1) (this hospital) attended the deceased fram. /- 2 . 19 - 7 that (1) (we) lost . 19 6 . 2. to 19 and that death occurred at 350 M, from causes and on the date stated above saw the deceased alive-on-22o. SIGNATURE 22b DATE SIGNED -DIRECTOR PHYS. director, page shauld be filed 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d\_LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) PUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 



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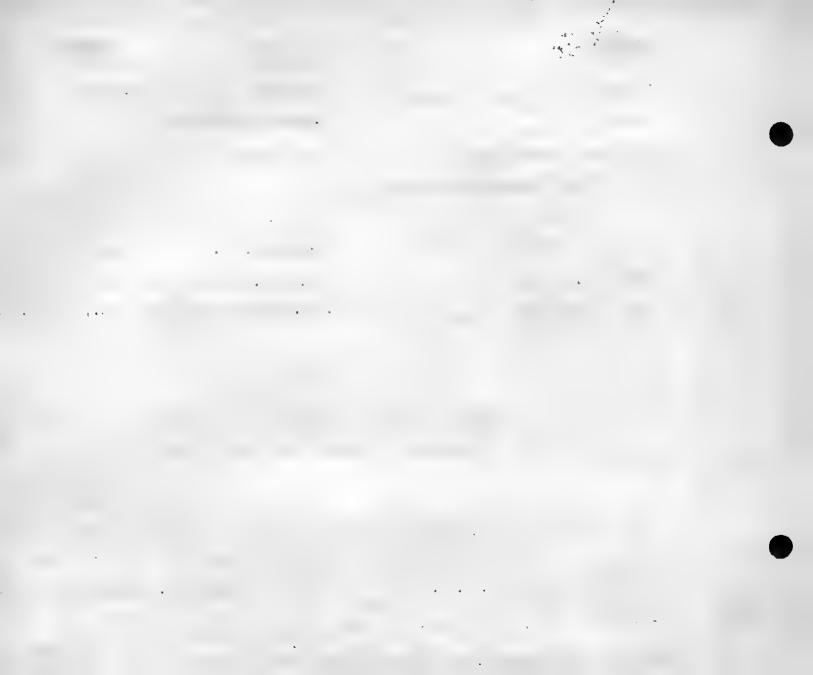
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00877 CERTIFICATE OF DEATH 00877 by the funeral.
Pages 1 and 2 requires that the death certificate ba-executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) Montgomery o. STATE 6 COUNTY Maryland MARYLAND Montgomery b CITY OR TOWN (If outside corporate l'mits CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town? Wheaton Monthe Silver Spring d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? physician and completely filled in NO T University Nursing Home YES Flower Avenue NAME OF First Magrider 4. DATE Month Doy Year DECEASED January (Type or print) Letou XIIIIX Magnetic Childs DEATH 1967 S SEX 9. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE B. DATE OF BIRTH remove in any eve NEVER MARRIED iost birthdovi Months Dovs Hours Male White DIVORCED **G3WOOTW** /28/1893 10e USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR ALAB RTHPLACE (County & Stole, or foreign country) 12. CIT ZEN OF WHAT COUNTRY? during most of work ng ite, even if retired Engineer - Recired Construction RECORDERENCES Md. IISA 14 MOTHER'S MAIDEN NAME PREDEDTE Thereare E. Childs Emma W. Umpstead WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Silver Yes no, or unknown) (If yes give wor or dotes of service)

Yes | Army WW1 Mr. Wm. Jackson-9306 Blower Ave... Spring, Md Army WW1 579-10-2825 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per tine for (o), (b), and (c), signed by the burial-transit p buriol, crematio ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) about 12/2 Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the prior to has been lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health 1 YES [ NO F TO FUNERAL DIRECTOR: After this certificate for 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detoched for the perior of the perior of the perior of the period of the OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While nt work L of work 21. I certify that (1) (this haspital) attended the deceased from 5 Dec 1966 to " 1967, and that death accurred at A. M. fram causes and an the date stated above. saw the deceased alive an\_ 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. page 3 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) William Aud. M. D. 9006 Colesville Rd., Silver Spring director, 230 BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burnal (Specify) Olney. Maryland John's Episcopal Cem. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE handen



ecuted within 24 hours after death.

00878

VR #15 (4) 20M 1/65

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00878 00878

1	1.	PLACE OF BEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
-		montgomer 4 MARYLANO	a. STATE New Jersey b. COUNTY Mercer
-		b. CITY OR TOWN of outside corporate limits. I c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
1		write RURAL and give nearest town)	TREM TON
-	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
ı			43 MORRIS AUR VES NO X
ŀ	2	FairLand Nursing Home	Last   4. DATE   Month   Oay Year
П	۵.	DECEASED	DF
ŀ	5.	CHATON	OPHER DEATH JATUARY 15 1967  B. OATE OF BIRTH 19. AGE (In years I IFUNOER 1 YEAR IIF UNDER 24 HRS.
1		64 1 T	last birthday) Months   Days   Hours   Min.
1	103	IISUAL OCCUPATION (Give kind of work done L. 10b. KIND OF RUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
1	dur	Ing most of working life, even if retired) INDUSTRY	COUNTRY?
	_6	Boustonsoppon 179n   STeel Constructi	ion ITaly. U. 5%.
ı		THIRD O HAIRE	Unknown
ŀ		Vociento Christopher. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	
ı	(Ye	s, no, or unkown) (If yes give war or dates of service)	1200 0 1:11 0 1
		None None	Christopher Wheaton Minuland
I		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET ANO OEATH
1	-	PART I, DEATH WAS CAUSED BY: Carcinoma To:	
4		QUE TO	
1		conditions, If any, which (b) Carcinoma c	of Lung about 14R.
-		gave rise to immediate cause (a), stating the OUE TO	
1		underlying cause last. (c)	
, [	<u>8</u>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
-1	2		YES NO NO
1	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of injury in Part I or Part II of Item 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
-	CAL	factor.	CE DF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg, etc.)
-	MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	y, street, onice blug., etc./
-	2	21. I certify that (I) (this-hospital) attended the deceased from	1/2/ 1967 to 1/25 , 1967, that (1) (we) last
ŀ		saw the deceased alive on 1/24 1967, and that	death occurred at 12 2 M, from the causes and on the date stated above.
ı		222. SIGNATURE	LOOK DATE CICNED
ſ		Raymond T. Benack M.D	ATTENDING MEO. STAFF 1/25/67
-		22c. PHYSICIAN'S	22d. ADDRESS
-1		NAME (Type) RAYMOND TO BENACK MD	4115 Colie DRIVE, Wheaton, md.
1	23a		OR CREMATORY 23d. LOCATION (City, town or county) (State)
		Burial Nan 27, 1967, Gate of Heaven	Cemetery Silver Spring Maryland
	~	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	18	the B. Thomas Prince Silver Spring	My sian 30 1967 Policies Judges
1	040	The state of the s	



1 (0.1	MARTLAND STATE D  Division of STATISTICAL RESEARCH AND RECORDS, 30	EPAKIMENT OF HEALTH DI W. PRESTON STREET, BALTIMORE, MARI	LAND 21201
72	00879 CERTIFICAT	E OF DEATH	00879 /
equires that the death certificate be executed within 24 haurs after death, physician. signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remave carbon papers. Pages 1 and 2 burial, cremation, ar remaval, and in any event, within 72 haurs after death.	1. PLACE OF DEATH  o. COUNTY  MARYLAND  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if instit a. STATE b. CO	ution: Residence before odmission)
s after the fu ages I	b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest jown)	c. CITY OR JOWN (If autside corparate limits, write R	URAL and give nearest town)
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camp nave (	S SEX  6. CDLOR DR RACE  7. MARRIED  NEVER MARRIED  DIVORCED  DIVORCED	8 DATE DF BIRTH  9 AGE (In years last birthday)  4-29-97  69 yrs.	Months Days Hours Min.
id in a	10a, USLA, DCCUPATION (Give kind at work dane dering mast at warking I is every the tred).  10b. KIND DF BUSINESS DR INDUSTRY  INDUSTRY  Waritime Co	11. BIRTHPLACE (Caunty & State, or foreign country)	12. CITIZEN DE WHAT COUNTRY? U. S.
n pleo	13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME	/.
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e dea attendation artendation	(Yes, na, ar unknawn) (If yes give war or dates af service) 218-38-9372	CONTRACTOR	INTERVAL RETWEEN
hat the	PART I. DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)		ONSET AND DEATH
vires they sicion ysicion be indicated be right to right criminal,	Conditions, if any, which gave ) DUE TD Careful duce	. of Return	6 mes.
w required by the property of	rise to immediate cause (0), stating the underlying cause (c) Out the 3 elie	the Heart Disease	
IAN: The law radio of an arterding ficate has been for use as the Health prior to	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES ₩ ND
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspiral ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physeic director, page 3 shauld be detached for use as the burial-transit permit. Then pleas should be filed with the State Dept. of Health priar ta burial, cremation, ar remayal, and	☐ DR CONTRIBUTING ☐ CAUSE OF DEATH  (IF FITHER, NO TIFY MEDICAL EXAMINER)	. (Enter nature of injury in Port I or Part II af Item 18.)	
G PHY: the har raths a detach the Dept	A DO THE OF MEINY Month Don Von	ACE DF INJURY (Hame, form, 20f (City or town) citary, street, office bldg., etc.)	(County) (State)
ENDIN ned by R: Afte old be the Sta	2), I certify that (I) (this hasolfal) attended the deceased fram saw the deceased alive on Jan 1967, and the	at death accurred at 10 ESM, fram cause	s and an the date stated abave
PR ATT PR ATT PRECTOI 3 short d with 1	22a SIGNATORE	ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
PITAL C may b :RAL Di r, page I be file	22c. PHYSICIAN'S LOYSIE W. Williams	831 University Blue	dE Silver Springs
TO HOSPITAL (Page 4 may b TO FUNERAL D director, page should be file	23a. BURIAL, CREMATION, BURIAL (Specify)  23b DATE THEREDF  23c. NAME DF CEMETERY O  23c. NAME DF CEMETERY O  23n. 18, 1967 Fort Lincoln	cemetery Prince Ge	orges Co., Md.
VR A15 (4)	John B. Thomas John Bolling 8434 Georg	ia Ave. 25a. REC'D BY REGISTRAR 25b.	REGISTRAR & SIGNATURE
20 M 1/00	Warner & Pumphrey Inc. Silver Sp.	ang, Ma Dale Unit I'm	



1/	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120				
	00880	CERTIFICATE	OF DEATH	00880	)
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by the Pages	b. CITY OR TOWN (if outside corporate limits write RURAL and give nearest town)  BETHESDA	c, LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corpore LEXINGTON PAF	ote limits, write RURAL and give near	est town)
24 hau led in bapers.	d. NAME OF HOSPITAL OR INSTITUTION (IF DO NAVAL HOSPITAL	nt in haspital, give street address)	d. STREET ADDRESS 307 CHINLEE DR.	IVE	e IS RESIDENCE ON A FARM? YES NO
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ite be extian and sage rem	o USLA, OCCUPATION (Give kind of work done ing most of working life, even if retired) NA	TOO KIND OF BUSINESS OR INDUSTRY NA	11. BIRTHPLACE (County & State or for BETHESDA, MARY)	COLINTRY	OF WHAT Y? USA
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e death certificate L attending physician permit. Then please on, ar remavo, and	was DECEASED EVER IN U.S. ARMED FORCES? es no, or unknown) (If yes give wor or dotes o	nf service) NA ROB	nformant ERT A. CLEVESY 30		
that the d an. by the afte fransit perr cremation,	1B. CAUSE OF DEATH (Enter only one cou PART 1. DEATH WAS CAUSED BY- IMMEDIATE CAUSE	(0) ERYTHROBLASTOSIS		C	NTERVAL BETWEEN ONSET AND DEATH
quires physici signed surial- ourial,	rise to Immediate couse (a), Stoting the underlying couse	(b) pulmonary atelect			3hr 4min
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DING PHYSIC by the haspi After this certi be detached State Dept. a'	20c TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While Not While of work of work	(E OF INJURY (Home, form, ory, street, office bldg., etc.)		(Stote)
OR ATTENDING PHYSICIAN: be retained by the haspital ar NIRECTOR: After this certificate e 3 shauld be defached far L ed with the State Dept. af Heal	21. I certify that (1) (MISSIMOS) saw the deceased alive on 220. SIGNATURE.	poxes, attended the deceased from 26 JAN 19 67, and the	26 JAN , 1967 , 1 deoth occurred of 0325	to <u>26 JAN</u> , 19 67 M, from causes ond on the d	late stated above
y be rethy DIRECT Siled with	22c. PHYSICIAN'S	on assire MI	22d. ADDRESS	PHYS. 27 J	anuary 67
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VR A15 (4)	REMBURSTRY 1-30-	-67 Linwood C	250 REC'D BY REGIST	RAR 256 REGISTRARIS SIGNAT	THE C

MARYLAND STATE DEPARTMENT OF HEALTH



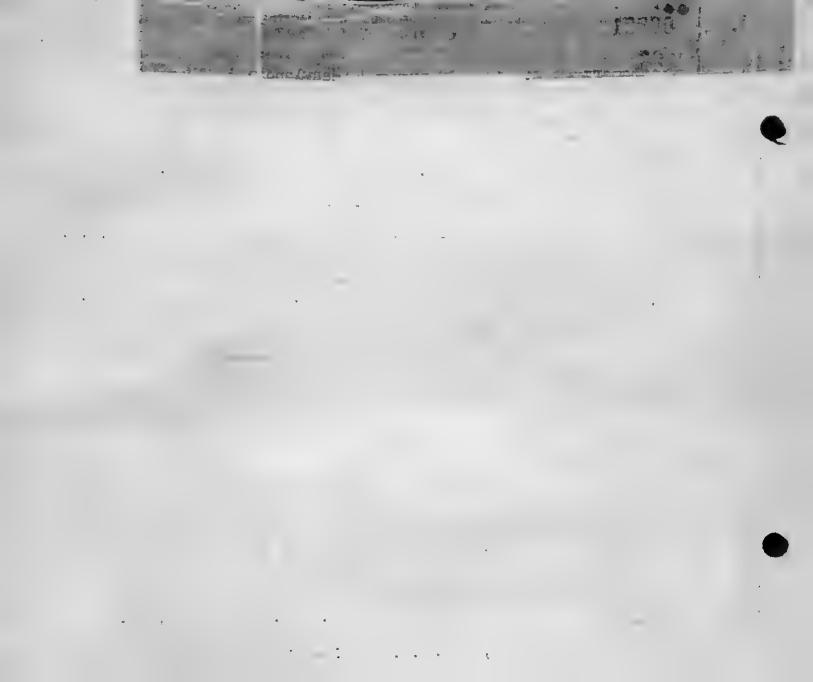
	X	1	COOCI	CERTIFICATE	OF DEATH	00881
xecuted (* in 24 hours, after propelety) the in by the funeral papers. Pages 1 and 2 should	in 72 hours after death.		PLACE OF DERTH  a. COUNTY  FOR COMPONITY  b. CITY OR TOWN if outside corporate limits, write RURAL end give neerest town)  Chevy Chase  d. NAME OF HOSPITAL OR INSTITUTION (if no 5207 Baltimore Ave NAME OF DECEASED (Type or print)  Lorain	nue Middle D. Coc	c. CITY OR TOWN (II outside corporete Chevy Chase d. STREET ADDRESS 5207 Baltimore Lost Lost ADATE OF DEATH	Jan. 19 19 67
that the death certificate be exin.  In.  the attending physician and co- iit. Then please remove carbon	omoval, and in any event, withi	10. do	7 - 77 -	DIVORCED 3-  10b, KIND OF BUSINESS OR INDUSTRY.  P. 16 SOCIAL SECURITY NO. 17. INTERPRED	13-1908 58  11. BRTHPLACE (County & Stete, or fore)  Arkansas  1. MOTHER'S MAIDEN NAME  Andra Elizabeth	U.S.A.  Read  Address See Item No.2  INTERVAL BETWEEN
TIENDING PHYSICIAN: The law requires retained by the hospital or attending physicia TOR. After this certificate has been signed by suid be detached for use as the burial-transit perm	ate Dept, of Health prior to burial, cremation, or r	MEDICAL CERTIFICATION	geve rise to immediate cause [e], stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITION  20e. ACCIDENT WAS UNDERLYING 1 20 OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19  21. I certify that (I) (this hospita.) saw the deceased alive on.	ENERALIZED  CARCINO MA  INS CONTRIBUTING TO DEATH BUT NOT R  DESCRIBE HOW INJURY OCCURED. IE  20d. INJURY OCCURRED 200, PLACE fectory  attended the deceased from attended the deceased from	CARCINGMAT  OF COLON  RELATED TO THE TERMINAL DISEASE CON  Inter neture of injury in Pert I or Pert II of it  OF INJURY (Home, term, street, office bldg., etc.)	DITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NO (State)  Own) (County) (State)  AN 17, 196.7, that (I) (wo) last a causes and on the date stated above.
	2/5 et illed with the Sta	24	22c PHYSICIAN'S	Arliraton Nat	PHYS. DIRECTOR P 22d. ADDRESS 82/8 W/SCONS/ CREMATORY 11. Cem. 23d. LOCATIO	N AVE, BETHESDA, MM N [City, town or county) (Stete)  Ston, Va.  25b. REGISTRAR S SIGNATURE

STATE DEPARTMENT

PCEIDN OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF HEALTH

MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 00882 Rea. Dist. No. director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed Montgomery b. COUNTY Montgomery MARYLAND Harvland b. CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda pethesda d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 5018 Molden St. Malden St YES 🗍 NO 🔀 ,5 3. NAME OF First 4. DATE Middle Month Yeo DECEASED Douglas Collins (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS campletel Months | Days Male DIVORCED | WIDOWED | GO yra. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) US A Illinois Retired Jewler 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Oliver INFORMANT 16. SOCIAL SECURITY NO Address attending p Collins- 5018 Malden Drive. INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (a)\_(b), and (c).] PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS FOR REBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES TO NO 20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING OR CONTRIBUTING A CAUSE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED 20f. (City or town) (County) (State) Haur a m. factory, street, office bldg., etc.) While Not while at work | at wark 21. I certify that I attended the deceased from 190\_ that I last saw the deceased and that death accurred a 250M, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) ACTUAL TO FUNERAL DIREC prior PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Crematory 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE Gorder's VS A15 (4) Inc. Washl D. C. 15M 9/5B



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00883 CERTIFICATE OF DEATH 00883 furferal s 11 and 2 death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution, Residence before admission o COUNTY o STATE b. COUNTY remove carbon papers. Pages I MARYLAND in by the Pages c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN all outside corporate limits, write RURAL and give neorest town) B IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) filled YES NO Y campletely fi nove carbon NAME OF MidNle DATE Lost Doy Year DECEASED OF 1961 (Type or print) DEATH IF UNDER I YEAR AGE (In years 1F JNDER 24 HRS. 6 COLOR OR RACE 7/ MARRIED DATE OF BIRTH **NEVER MARRIED** birthdoy) Months Doys Hours K WIDOWED DIVORCED and 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT (County & State, or foreign country) s attending physician a permit. Then pleas tion ar remaval, and in during most of working life, even if retired) COUNTRY? ANDUSTR) early 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service) INTERVAL BETWEEN ONSEL AND DEATH CAUSE OF DEATH (Enter only one rouse per line for (o), (b), and (t) signed by the burial-transit p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. JUXX DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar to lost. PART II. OTHER, SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO/THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES [ NO CERTIFICAT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter/noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c, TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work of work 21. I certify that (I) (this haspital) attended the deceased from \_//-1966, to 1-30 19 ( that (1) (we) last and that death accurred at 12 35 M, fram causes and an the date stated above. saw the deceased alive an 22n. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR M.D PHYS. PHYS ADDRESS PHYSICIAN'S NAME (Type) 30 NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION REMOVAL (Specify) 23b. DATE THEREOF LOCATION (City or Town) (County) **ADDRESS** 25b. REGISTRAR'S SIGNATURE! 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

James San

to 1	MARYLAND STATE DEPARTMENT OF HE DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIM	
$\prec$ $(M)$	00884 CERTIFICATE OF DEATH	00884
cours after death by the funeral Pages 1 and naurs after death	d. COUNTY  Maryland  Maryland  Maryland	(Where deceased lived, if institution Residence before admission) b. COUNTY,  Montgomery  utside carparate (limits write RURAL and give nearest town)
haurs in by rs. Po	Dakoma Park  d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  d. STREET ADDRESS	e IS RESIDENCE
filled pape thun Zi		th Avenue YES NO S
ecuted within 24 hc completely filled in ave carban papers. y event, within 72 h	3. NAME OF DECEASED HARRIETTE C.XXXXXXX DAVIS	of Death January 30, 19 67
xecute campl nave c	s sex 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  female white WIDOWED 2 DIVORCED 9 9eb 1882	9. AGE (In years   IFUNDER 1 YEAR   IF JNDER 24 HRS.   If JNDER 24 HRS.   Manths   Days   Haurs   Min.   Manths   Days   Manths   Days   Manths   Manths
cate be ex skipn and please rem and in an	10a USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if refired)  10b KIND OF BUSINESS OR 11 BIRTHPLACE (County INDUSTRY)	(8 State, or fareign country)  12. CHIZEN OF WHAT COUNTRY?  LEW PERSEU  15. A
certificat g physic Then pla mava, a	Harry Cheeseman Mary Sedd	linger
death ittendin ermit. n, ar re	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) 456-14-4525 Harry Buckley	8403 11th Avenue
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital ar attending physician.  DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral is 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and sed with the State Dept. af Health priar to burial, arematian, ar remaining and in any event, within 72 haurs after death	18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSE DBY  HMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (c)  [c]	recfarction ONSIT AND PEATH
The lor attents has be use as	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(o)  19 WAS AUTOPSY PERFORMED? YES NO
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VG PH' / the h er this e detac ate Dep	20x TIME OF INJURY Month, Day, Year Haur a.m. 19 20d INJURY OCCURRED While at work at work 19 factory, street, affice bldg, etc	
TENDII ned by R: Aft suld be the St	21. I certify that (I) (this hospital) attended the deceased fram 1-23, saw the deceased alive an 1-30, 1967, and that death accurred at	1967, ta /- 50 , 1967, that (1) (we) last 50 pM, fram causes and an the date stated abave.
DR AT DE retail RECTC Shorth and with a second shorth and shorth a	220. SIGNATURE CILL TILACI M.D. ATTENDING IN	MED STAFF 22b. DATE S GNED 1-30-67
O HOSPITAL OR ATTENDING PH Page 4 may be retained by the D FUNERAL DIRECTOR: After this director, page 3 shauld be deto shauld be filed with the State De	22c. PHYSICIAN'S NAME (Type) EINO MAGI 22d. ADDRESS 831 Ucu	Newity Bird E. Silver Spring Med.
ro Hospital. Page 4 may to Funeral, pag directar, pag shauld be fil	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY  Drans-burial 3eb 2, 1967 Arlington Cemetery	23d LOCATION (City or Town) (County) (State)  Canden, New Jersey
VR A15 (4) 25M 1/67		D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00885 00885 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY A o. COUNTY MARYLAND Gose remove corbon popers. Pages 1 and in ony event, within 72 hours after signed by the attending provided and completely filled in by the burial-transit permit. Then please remove carbon papers. Pages b CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 5MONTHS DaLTIMOTE Singto IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Glen OAK A DANITORIUM YES NO X RENSIDATON NAME OF Middle DATE Last Day Year (Type or print) 26 JAN 19 6 1KINS DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX DATE OF BIRTH 9. AGE (In years COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Hours MMay WIDOWED 冈 DIVORCED 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? Z/.5 during mast of working life, even if retired) INDUSTRY WASHINGTON 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME cremotion, or removal, BETTA GKINS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, go, or unknown) ((If yes give war or dates of service) KNOU 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Poge 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause O FUNERAL DIRECTOR: After this certificate has been d for use as the af Health prior to last WAS AUTOPST PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) CERTIFICATION YES 🗔 NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Haur a.m. foctory, street, affice bldg, etc.) While Not While at wark at work 21. I certify that (I) (this baspital) attended the deceased from 19 66 to 20 , 196 (that (I) (we) lost 19 67, and that death occurred at 11:45 M, from causes and on the date stated above. sow the deceased grive 22b DATE SIGNED 22o. SIGNATURE STAFF PHYS ATTENDING M.D. PHYS DIRECTOR director, page should be filed 22d. ADDRESS 22c PHYSICIAN(S NAME (Type F52 23d. LOCATION (City or Town) (Count Ellicott City, Md 23c. NAME OF CEMETERY OR CREMATORY (County) 23b. DATE THEREOF (Stote) BURIAL, CREMATION, REMOVAL (Specify) Crest Lawn 1-21-1967 256 REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 [4] Higinbothom EVicott City 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00886 CERTIFICATE OF DEATH 00886 law requires that the deoth certificate be executed within 24 hours after deoth. physician and completely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) D. COUNTY b COUNTY MONTGOMETH ntgome MARYLAND DOWNOOD CONTROLS b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carparate limits, write RURAs and give nearest town) hours mo. Kensinaton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 10206 Carroll Place YES NO NO NAME OF Middle 4. DATE Month Day Year DECEASED event, (Type or print) 8 19 6 DEATH S SEX IF UNDER I YEAR 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS D. MARRIED NEVER MARRIED birthdoy) Months Days Hours WIDOWED K DIVORCED and in 100 USUAL OCCUPAT ON (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CIT ZEN OF WHAT during most of working life, even (first red) INDUSTRY COUNTRY 2 Jun home AROLING 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME remova signed by the attending phy burial-transit permit. Then d 000 row WAS DECEASED EVER IN J.S. ARMED FORCEST 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 0206 Carroll 70 Ruth Parker None Manuland Kensington cremotion. 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) TERMINALA physician. DUE TO buriol. Canditions, if any, which gave 2 NONTHS rise ta immediate cause (a). DHE TO stoting the underlying couse as the by the hospital ar ottending hos been last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION WAS AUTOPS PERFORMED? NO this certificate YES þ 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER Dept. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Month, Day, Year (City or town) (State) Hour o.m. foctory, street, office bldg., etc.) While Not While State | of work O FUNERAL DIRECTOR: After at wark 2). I certify that (1) (this hospital) attended the deceased from MAD \_\_\_\_, 19**67**, that (I) (we) last 1954 , 10 CAN, 26 Page 4 may be retained ploods 1967, and that death accurred at INCOM, from causes and on the date stated above. saw the deceased alive an AN 22o./SIGNATURE 22b DATE SIGNED **ATTENDING** M.D. PHYS DIRECTOR PHYS. , page be filed 22d. ADDRESS 22d PHYSICIAN'S NAME (Type) Robert G. Angle 5009 Del Ray Avenue. Maruland director, 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREO! LOCATION (City or Town) (County) (State) REMOVAL (Specify) Mt. Zion Cemetery Granville County. rans-buria 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S VR A15 (4) 20 M 1/66 Pumphreu

MARYLAND STATE DEPARTMENT OF HEALTH

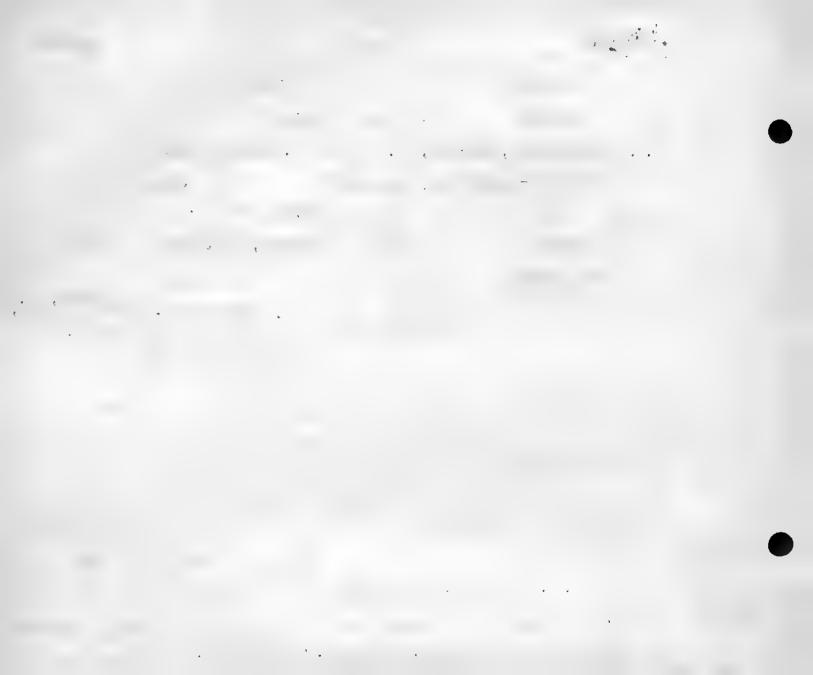


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00887 death. ond executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate I my write RURAL and give nearest town) LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate Amits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO 3. NAME OF DECEASED Middle 4. DATE Year Day OF DEATH BOSK Samono (Type or print) S SEX DATE OF BIRTH IF UNDER 24 HRS 5 COLOR OR RACE **NEVER MARRIED** E (In years Months birthdov) Hours Days DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & Stote, or fareign country) please INDUSTRY during most of wething life, even if retired) COUNTRY? Manylan d. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME requires that the deoth certy STHER LIBBY IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes, no, ar unknown) lift yes give war ar dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). ronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO signed burial-ti Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause this certificate has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) factory, street, affice blda., etc.) Not While ot wark at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram. , 1967, ta 1-23, 1967, that (1) (we) lost 19 6 7, and that death occurred of No. 19 P.M., from couses and on the date stated above. sow the deceased olive on. 220. SIGNATURE 22b. DATE SIGNED 1-24-67 DIRECTOR M.D. director, poge should be filed 22d ADDRESS 22c. PHYSICIAN'S 800 EYE 21. U.L NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City ar Town) (Stote) 23o BURIAL, CREMATION, 23b DATE THEREOF (County) REMOVAL (Specify) FIALLS CHECK 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE

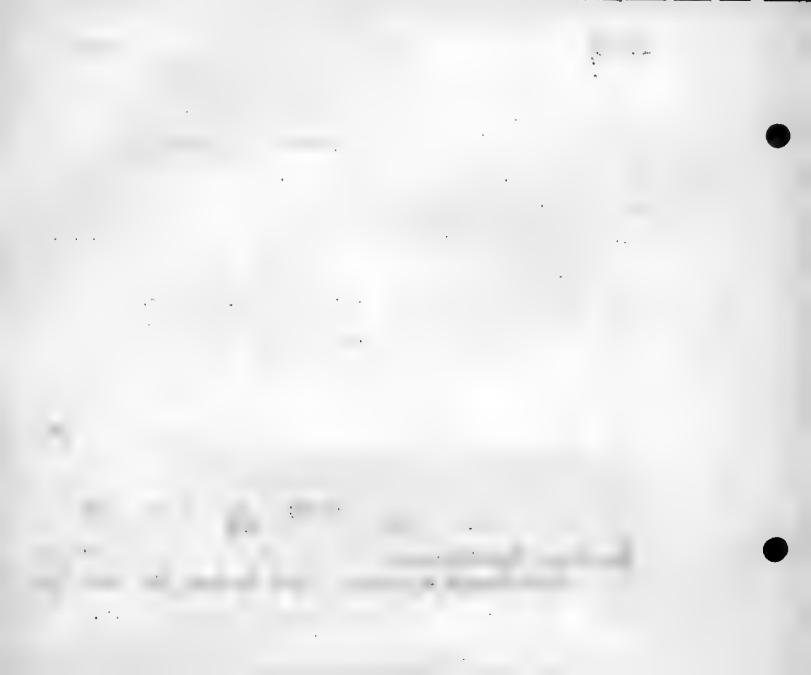


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00888 CERTIFICATE OF DEATH 00888 requires that the death certificate be executed within 24 havrs after death 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MONTGOMERY MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits write RURAL and give nearest tawn) BETHESDA 15 DAYS ARLINGTON e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 743 N. ALBEMARIE STREET NO X U.S. NAVAL HOSPITAL. YES . NAME OF Lost DATE Year DECEASED **JANUARY TELLAMANNA** DEATH IF UNDER 24 HRS. AGE (In years IF JNDER I YEAR 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** Months birthdoy) WIDOWED 🔽 DIVORCED DECEMBER 1903 CAUC FEMALE 12 CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of warking life, even if retired)
HOUSEWIFE INDUSTRY TRENTON, NEW JURSEY NA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MAX CROSNICK 16. SOCIAL SECURITY NO. 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give wor at dotes of service) NO FURNART. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY:

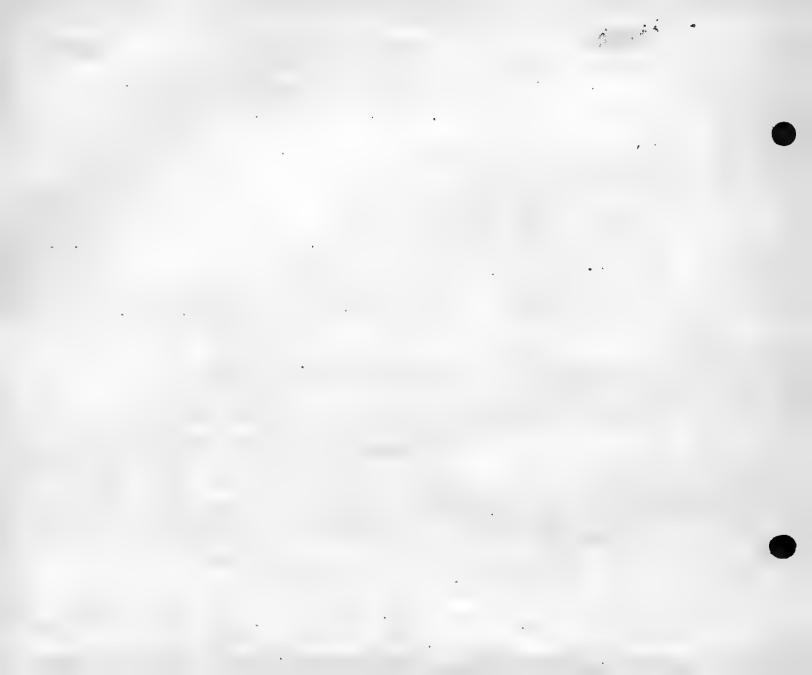
SEVERE GENERALIZED ARTERIOSCLERATIC VASCULAR DISEASE\* AND DEATH signed by the burial-transit IMMEDIATE CAUSE (c) CEREBRAL AND CARDIAC DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES 🕎 NO far 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED factory, street, affice bldg., etc.) Not While of work L ot work 21. I certify that (this haspital) attended the deceased from 16 December, 1966, to 1 January, 1967 that (i) (we) last 19.67, and that death accurred at 0.15M, fram causes and an the date stated above. saw the deceased alive and January 22b. DATE SIGNED S-GNATURE MED. DIRECTOR 2 January 1967 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) T. Strickland LCDR MC USN Naval Hospital, Bethesda, Maryland director, should 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION, 23b DATE THEREOF (County) BREMOYAL (Specify) 1/4/67 Fairfax County Calvery Memorial Park Virginia 25c. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Arlington Funeral Home, 3901 No. Fairfax Dr. Arlington



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death, ang de dit PLACE OF DEATH 1, USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY by the MARYLAND Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give bearest town hours filled in bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO ID executed within completely carbon NAME OF Eirsi Middle DATE Month Last Year DECEASED DF event, (Type or print) DEATH 19 6 SEX 6. CDLOR OR RACE гетоуе DATE OF BIRTH 7. MARRIED AGE (In years I IF UNDER 1 YEAR IF UNDER 24 ARS NEVER MARRIED last birthday) and any Months Hours Fæmale hite WIDDWED PS DIVORCED IX 5 and in 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) attending physician rmit. Then please r 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? A. WAITRESS 13. FATHER'S NAME **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certifical Page 4 may be retained by the hospital or attending physician. 14. MOTHER'S MAIDEN NAME remova Jack Carpenter Sally Roache 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) transit permit. 16. SDCIAL SECURITY ND. 17. INFORMANT Address no Cassie Core Madison, the 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN After this certificate has been signed by the be detached for use as the burial-transit state Dept. of Health prior to burial, cremat ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 1 DUE TO bock Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last, {C] CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES T ND [ 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work the TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (1) (this hospital) attended the deceased from 19/0 Z that (I) (we) last and that death occurred at 650M, from the causes and on the date stated above. saw the deceased alive on. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF M.D. DIRECTOR PHYS. PHYSICIAN'S ADDRESS 22d. AME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Washington National 1/14/67 P.G. Md. Suitland RECISTRAR'S SICNATURE 25a. REC'D BY RECISTRAR I 25b. VR A15 (4) ma DATE 20M 1/65



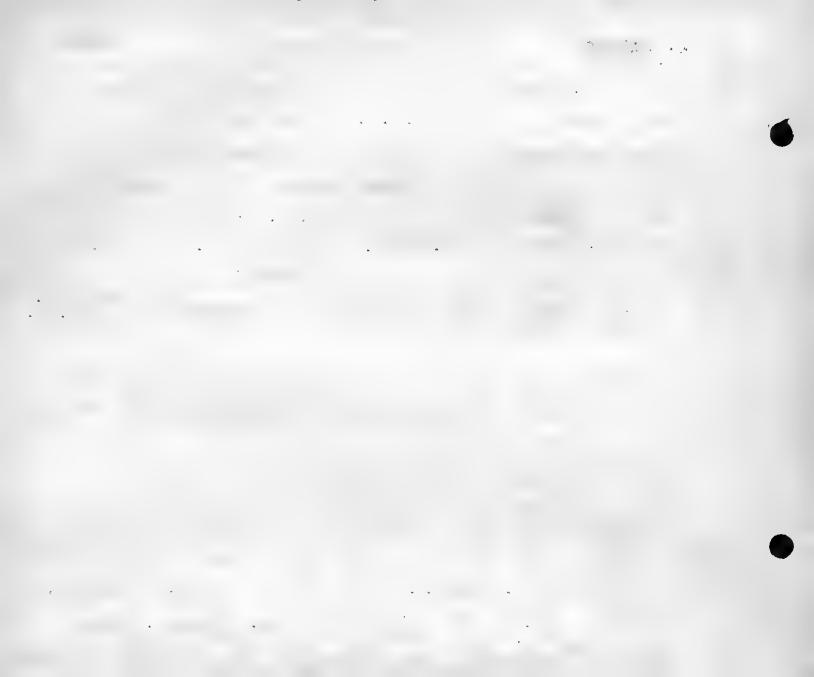
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00890 CERTIFICATE OF DEATH and 2 death. executed within 24 haurs after death by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH asmery hours after. MARYLAND outside corporate limits, write RURAL and give nearest town) City OR TOWN A outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Roma Park d. STREET ADDRESS letely filled in burial-transit permit. Then please remave carban papers. burial, crematian, ar remaval, and in any event, within 72 h e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) YES NO IV Middle 4. DATE Month Year NAME OF Lost Dov First OF DEATH DECEASED 0 1967 (Type or print) Sachi JE UNDER 1 YEAR IF UNDER 24 HRS. SEX 6 COLOR OR RACE 8. DATE OF BIRTH AGE (In years NEVER MARRIED 7. MARRIED lost b rthdoy) Months Doys Hours DIVORCED WIDOWED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 RIRTHPLACE (County & State, or foreign country) 10o. L.S.JAL OCCLPATION (Give kind of work done during most of working life, even if retired) COUNTRY? Own Home physician ren please chearan The law requires that the death certifical 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME Lysaght attending p IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Greenbrier Drive, Silve Oliver Deto 618 (Yes, na, or unknown) (If yes give war or dotes of service) 578-09-9805 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) rhe The PART I. DEATH WAS CAUSED BY: signed by 1 IMMEDIATE CAUSE (o) Jenualyd artus Belusis DUE TO Conditions, if any, which gove (b) rise to immediate cause (a). DUE TO stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been prior to lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) director, page 3 should be detached for use should be filed with the State Dept. of Health NO O HOSPITAL OR ATTENDING PHYSICIAN: 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While ot work at work 21. I certify that (1) (this haspital) attended the deceased fram\_ 1942 to 40015 , 1967, that (I) (we) last and that death accurred at 2155 P.M. Fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o, SIGNATURE DIRECTOR PHYS. M.D. 22d ADDRESS / 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b. DATE THEREOF 230 BURIAL CREMATION REMOVAL (Specify) Arlington National Cem. Arlington, Virginia Burral ADDRSSE Georgia Ave 250. RECD BY REGISTRAR Silver Spring. Model JAN 23 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00891 CERTIFICATE OF DEATH 00891 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE. b. COUNTY within 72 haurs after MARYLAND C CITY OR TOWN (If autside corporate limits, write RURAL and give neafest town) law requires that the death certificate be executed within 24 haurs after signed by the attending physician and campletely filled in by the f burial-transit permit. Then please remove carban papers. Pages b CITY OR TOWN (If outside corparate/limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Washington e IS RES DENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Western Ave. NW YES NO NAME OF DATE Year DECEASED OF DEATH (Type or print) IaN IF UNDER I YEAR IF UNDER 24 HRS S. SEX AGE (In years COLOR OR RACE 7 MARRIED NEVER MARRIED I PHILONE Months inst, birthday) Dovs Hours WIDOWED DIVORCED 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? pub COLUMBIA 13. FATHER'S NAME MOTHER'S MAIDEN NAME burial, cremation, ar remaval, 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates at service) Ullum. 7055 Western Ave, NA CAUSE OF DEATH (Enter only one couse per line for (q), (b), and (c).)
PART 1, DEATH WAS CAUSED BY:
1MMEDIATE CAUSE (a) INTERVAL BETWEEN Page 4 may be retained by the haspital ar attending physician. DUE TO VASCULAR Conditions, if ony, which gave rise to immediate cause (a). DUE TO tar use as the b Health priar to b stating the underlying couse this certificate has been last. WAS AUTOPS! PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO X Ta . 20o. ACCIDENT WAS UNDERLYING [ 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH af detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 shauld be detache with the State Dept. (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg , etc.) Haur a.m. While Not While at work After at wark 21. I certify that (1) (this haspital) attended the deceased fram. 1963 to JAN 1962 that (I) (we) last O FUNERAL DIRECTOR: saw the deceased alive an 19 and that death accurred at 1125 M. from causes and an the date stated above 22a. SIGNATURE. 22b DATE SIGNED STAFF PHYS. 80 M.D. DIRECTOR PHYS. , page 3 be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) GLENMON director, p 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) BURIAL, CREMATION DATE THEREOF (County) (State) REMOVAL (Specify) 21-1967 uitland Cedar Hill 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ZSW. "REC'D BY REGISTRAR awler s Sons VR A15 (4) 20 M 1/66 Inc. DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00892 CERTIFICATE OF DEATH 00892 deoth. requires that the death certificate be executed within 24 haurs after death in by the funeral rs. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE COUNTY Montgomery MARYLAND Montagmeny b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 1h c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 0. Silver Spring Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? 11007 Wheeler Drive Cross Hospital YES 🗍 NO 🔽 event, within Holu corbon 3. NAME OF 4 DATE First Doy Year DECEASED Richard DEATH Type or print Norris Januara IF UNDER 1 YEAR IF LINDER 24 HRS 9. AGE (In veors S SEX DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthday) Months Drivs Hours DIVORCED Jan. 18. Male 1920 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Commercial artist Editors - Troy, N. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova Edith Morris Edward Doubleday WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO 1 1007 Wheeler Dr. (Yes, no, or unknown) (If yes give wor or dotes of service Helen Louise Doubledau 085-16-5136 ilver Spring cremation, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-transit PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove 1-025 di rise to immediate cause (a). DUE TO as the prior to l stoting the underlying couse has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Health p NO Z this certificate 20g ACCIDENT WAS UNDERLYING TO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour am Not While foctory, street, office bldg, etc.) of work ot work O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram. , ta 10 Jan, 196 ), that (1) (we) last be retoined 19 6 7, and that death accurred at 6.47 A.M. from couses and on the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR director, page should be filed 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Ernest E. Harmon M.D 9301 Colesville 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a BURIAL, CREMATION, 23b. DATE THEREO! REMOVAL (Specify) Arlington National Cem. Arlington. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR melantes **VR A15 (4)** DATE JAN 20 M 1/66

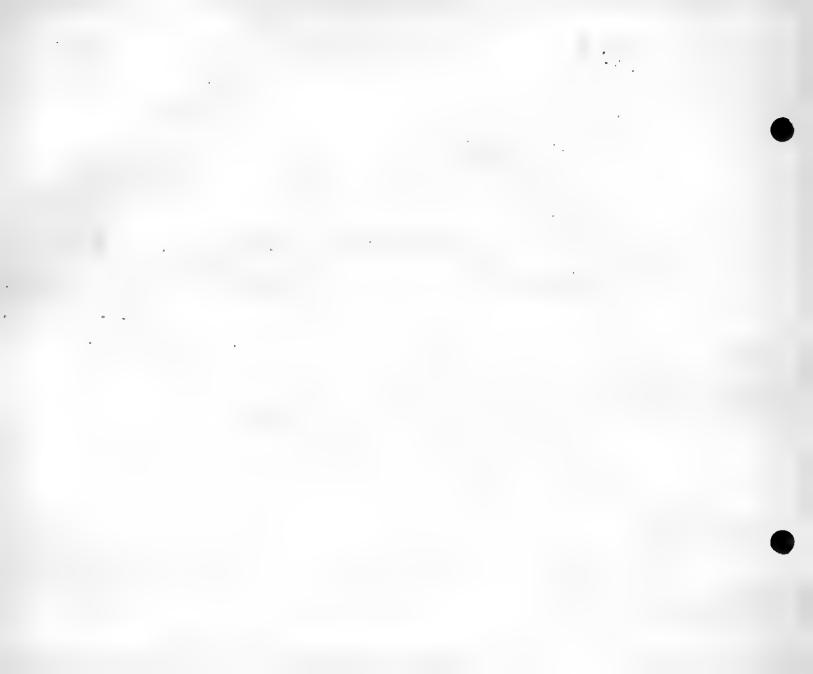


		00893	CERTIFICAT	TE OF DEATH		00893
	. 6	PLACE OF DEATH  COUNTY Ontgemery	MARYLAND	2. USUAL RESIDENCE (Where d	ecessed lived, If Institution b. COUNTY	as Residence batore ad
		o. CITY OR TOWN (if outside corporate lim write RURAL and give nearest town)		c. CITY OR TOWN (If outside cor	porate limits, write RURAL	and give neerest town
		ilver Spring  I. NAME OF HOSPITAL OR INSTITUTION (	if not in hospital, give street address)	Washington d. STREET ADDRESS		e. 15 RES
		Colonial Villa Conva		1656 Park Rd		YES TO Year
ı	1	DECEASED (Type or print) France	7,174.12	Douglas DEATE	Month  Augus	24 196
ı	5.	sex 6. COLOR OR RACE emale white	7. MARRIED NEVER MARRIED A.	DATE OF BIRTH	AGE (In years IF UNDE	
	10a.	USUAL OCCUPATION (Give kind of worker during most of working life, even if retire	106. KIND OF BUSINESS OR INDUSTRY	19 April 1887	r foreign country) 12.	TITIZEN OF WHAT C
		operator	telephone compar	Dy Ohio		USA
	15	William Douglad	RCES?   16. SOCIAL SECURITY NO.: 17. E	Florence unkno		
		i, no, or unkown) (lifyes give war or dates of	ervice)	eanor Francella,	Address	Rd S
	1	18. CAUSE OF DEATH Enter only one	cause per line for (e), (b), and (c).)		ulva_	INTERVAL BET
ı		IMMEDIATE CAUSE (e)		une of V	0100	- "7
		Conditions, of eny, which (b)	week	- wield ( con		14
		(e), stating the underlying DUE TO				
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	EDICAL	20c. TIME OF INJURY Month, Day, Ye Hour a.m. 19		CE OF INJURY (Home, ferm, 20). (Ci	ly or fown) (C	county) (
		21. I certify that (I) (this hospi		14ay 6 , 1966, 10	, ,	196, that (1) (
		saw the deceased alive on 220. SIGNATURE	2/196.f., and that		the causes and on	the date stated
		Meel // ( 22c. PHYSICIAN'S )	ampell "	D. ATTENDING MED. PHYS. DIRECTOR [ 22d. ADDRESS	STAFF PHYS.	1/2
		NAME (Type) / Ei/ //	(auppell	1629 CO	10 m/11a	Ka,
	230	BURIAL, CREMATION, 23b. DATE THE	REOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOC	CATION (City, lown or co	
D		Burial 26 Jan.	1967 Gate of Heave	en Cemetery Silv	er Spring. N	Иd.

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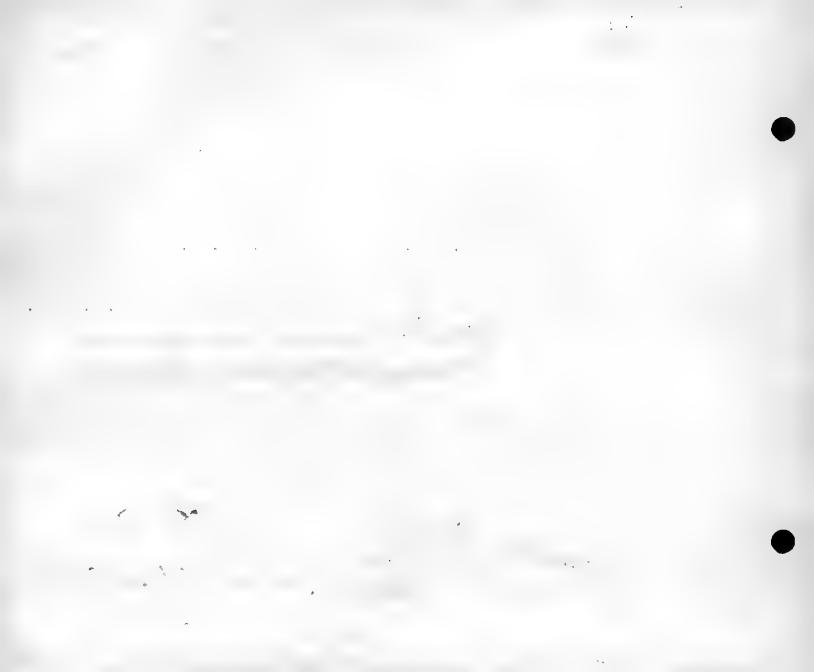
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00894 FOR STATE USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o COUNTY b. COUNTY Montgomery Maryland Montgomery MARY, AND b (ITY DR TOWN (If autside carparate limits, C LENGTH OF STAY IN 16 c CITY DR TDWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Silver Spring DOA Silver Spring d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 15 RESIDENC hours ON A FARM? 1903 August Drive Holy Cross Hospital YES ND 3 NAME OF Middle 4 DATE F rst Month Year DECEASED Douglas William Edward January (Type or print) DEATH 8 DATE OF BIRTH S SEX AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 54 yrs Months Hours Dovs 2/27/12 White Male WIDDWED 11 BIRTHPLACE (State or fare gn country) 12 CTIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) **INDUSTRY** COUNTRY? pages i in any transportation Washington, D.C.
14 MOTHER'S MAIDEN NAME Taxi driver HSA William Clay Douglas Mary Vanetta Cox and Address 903 August IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) Bertha Cox 18. CAUSE OF DEATH (Enter only one couse per line 150 (o), (b), and (b).
PART I. DEATH WAS CAUSED BY ONSET AND DEATH ь MMEDIATE CAUSE (o) writing the word crematian, DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse lost PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEAS CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO YES p 20g EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) CAUSE OF DEATH 20e PLACE OF INJJRY (Home, form, (City or town) (County) 20c. TME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Hour om. Not While of work ot work designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry 1 and in my opinion deoth resulted from Natural causes Accident Hamicide Undetermined manner the funeral director CHIEF MED CAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Health or NAME (Type) 23d LOCATION (Cityror Town) 23b. DATE THEREO! BURIAL, TREMATION (County) 9 0 250, REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15ME (5) 6M 1766



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00895 00895 The law requires that the death certificate be executed within 24 haurs after death. tuneral s 1 and 2 ter death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY · STETRICT OF COLUMBIA MONTGOMERY physician and campletely filled in by the furen please remave carban papers. Pages 1 avd, and in any event, within 72 hours after MARYLAND b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 WASHINGTON d. STREET ADDRESS IS RESIDENCE ON A FARM? 11 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) KENSINGTON GARDENS SAN 2928 CONN. AVE. NO 77 NAME OF Middle 4. DATE First Lost Month Dov Year DECEASED (Type or print) OF DEATH JANUARY MOLLIE THOMAS DULIN 67 19 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 5 SEX AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED buthday) Months Dovs Hours FEMALE WHITE FEB1/23/1870 WIDOWED DIVORCED 11 BIRTHPLACE (County & Stote, or foreign country) 10o USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT TT COUNTRY? INDUSTRY VIRGINÍA during क्षेत्र भी भव सार्व ग्रीव, क्षान्य f retired) 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME ar remaya S. SHITH FRANK M. EMBREY HARRIET 17 INFORMANT Address permit. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO signed by the attend (Yes propor unknown) (If yes give wor or dates of service CONN. MRS. GRACE AVE.D.C. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse EREBRAL THROMBOSIS as the lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg, etc.) of work 21. I certify that (I) (this hospital) attended the deceased fram. , that (I) (we last and that death accurred at 9:200M, from causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATESIGNED ATTENDING DIRECTOR PHYS M.D. PHYS directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Cemetery cedar HILL. PRINCE GEO **ADDRESS** 25b REGISTRAR'S SIGNATURE JOSEPH GAWLER SONS VR A15 (4) 20 M 1/66 Miarles WISC. VE. H. W. WASHINGTON C. DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00896 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) b. COUNTY Montgomery o COUNTY o STATE Maryland Montgomery death MARYLAND **Department** c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 and PM3 write RURAL and give nearest town)
Silver Spring hours after DOA Silver Spring d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) B IS RESIDENCE ON A FARM? d "pending" in pencil in Item 18. Give Pages 1, Chief Medicol Examiner's Office olong with form 10812 Childs St. Holy Cross Hospital ote YES NO A be executed within 24 hours ofter death. NAME OF M dd1e Lost 4 DATE Month Year DECEASED 19 67 Lewis Manley Durham January within (Type or print) DEATH AGE (In years lost birthdoy) 5 SEX 6 COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR F JNDER 24 HRS 7 MARRIED NEVER MARRIED Months Doys Hours 10/28/00 06 White WIDOWED DIVORCED Male event Chapel Mill Orange Co., No. Car. 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Ony USA Accountant
13. FATHER'S NAME Fed. Govt. 14. MOTHER'S MAIDEN NAME Margaret Atwater James Durham and 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Wife. Address (Yes, no, or unknown) (If yes give wor or dotes of service)
Yes W.W.II 21.5-44-8554 Betty Durham 10812 Childs St. S.S., Md. INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse peg ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMED.ATE CAUSE (o) certificate should Ward buriol, crematian, DUE TO Conditions, if any which gave rise to immediate couse (a), DUE TO stoting the underlying couse last. 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO certificote, YES 0 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of fem 1B) agent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour om. foctory street, office bldg , etc.) Not While FUNERAL DIRECTOR: Poge of work ot work designated 21. 1 certify that Ltook charge of the remains described above, held on Autopsy Inspection De and in my opinion Natural causes Accident death resulted from: Suicide Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED Health or its ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY EXAMINER'S NAME (Type) or county COMPTERY OR CREMATORY 230 BURIAL CREMATION 23b DATE THEREOF 0 Burial (Specify) Cedar Hill Cemetery Suitland, Maryland 256 REGISTRAR S SIGNATURE 801 34 Georgia Ave 250 REC'D BY REG STRAR FUNERAL DIRECTOR JAN VR ATSME (5) MADATE Silver Spring.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00897 00897 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if inefficience before admission) ō after death MARYLAND CLENGTH OF STAY IN 16 write RURAL and give regrest town not in hosp tolg ve street oddress) d STREET ADDRESS S RESIDENCE ON A FARM2 hours ( Office along with form n Item 18. Give Pages 24 hours after death. NAME OF M-ddle Month Day Year DECEASED within DEATH S SEX COLOR OR RACE 7 MARRIED X NEVER MARRIED DATE OF BIRTH (In years F UNDER IF UNDER 24 HRS Jan. 21, 1893 birthday) Months Doys Hours WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 10b, KIND OF BUSINESS OR 12 C TIZEN OF WHAT during most of working life, even if retired).
Conn Edison-Retired COUNTRY? Ireland U. S. d "pending" in pencil Chief Medical Exominer certificate should be executed within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Jane Wright Edward Dyer E puo 16 SOCIAL SECURITY NO Wife 15 WAS DECEASED EYEK IN U. 3 ARMED TO KCC3: (Yes, no, or unknown) (If yes give wor or dates of service) 050-07-2638 15 WAS DECEASED EVER IN L.S. ARMED FORCES? 17 INFORMANT Address or removol, Agnes Same as Item 2. Dver No 18. CAUSE OF DEATH (Enter only one couse per linguior (o), (b), glid (c) ) INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6) Word cremation, DUE TO Conditions, if any," which gove rise to immediate couse (a), DUF TO stating the underlying couse 0 S used as burial, a lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO the certificate. 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port or Port II of Item 1B.) PRIMARY ar CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Poge ot wark at work designoted 21. I certify that I took charge of the remajns described above, held an Autopsy Inspection [37] ond in my opinion Inquiry 1 the funeral director. death resulted train. Notural couses Accident 17 Suicide | Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED Health or its ASSISTANT MEDICAL EXAMINER SIGNATURE A TO DEPUTY EXAMINER'S 7 town, or county) NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify)
Burial 90 Silver Spring 1-7-67 Gate of Heaven 24. FUNERAL DIRECTOR 2So, REC'D BY REGISTRAR VR A15ME (5) JAN 1967 Pumphrey, Bethesda, Maryland DATE 6M 1/66

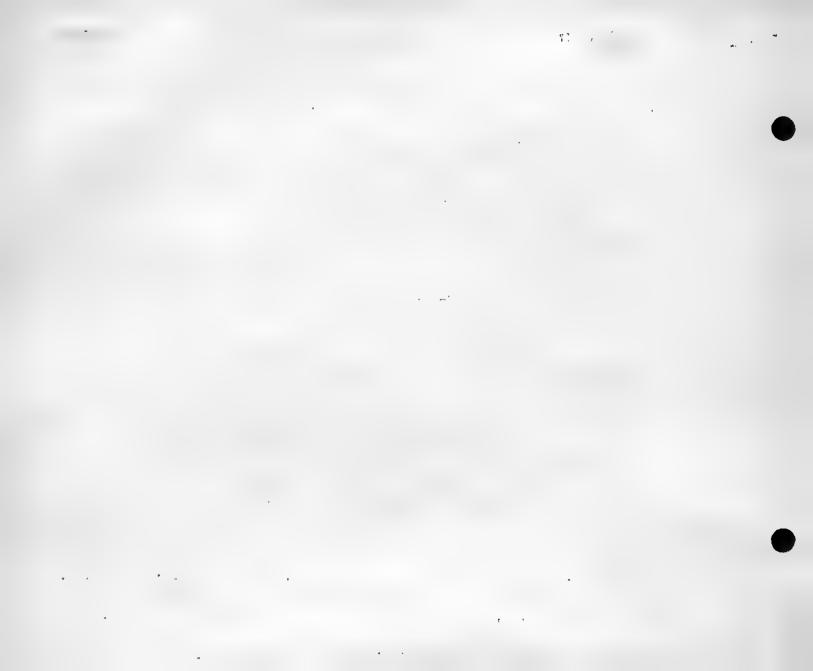


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00898 00898 ertificate be executed within 24 haurs after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and campletely filled in by the funeral remave carban papers. Pages 1 and o. COUNTY o. STATE b. COUNTY MONTGOMER MARYLAND MONTGOMERY c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b CITY DR TOWN (if outside corporate limits. c LENGTH OF STAY IN 16 write RURAL and give nearest town) WHEATON SILVER SPRING d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B IS RESIDENCE within 72 HOLY 11305 AMHE YES NO. DO CROSS HOSPITAL 3. NAME OF Middle 4. DATE First Dov Year DECEASED JANUARY CHARLES EASTON W DEATH (Type or print) 9 AGE (In years lost birthdoy) IF UNDER 1 YEAR S SEX DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Months CAUC WIDOWED DIVORCED 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 31 RIRTHPLACE (County & State, or foreign country) during most of working life, even if refired) INDUSTRY **COUNTRY?** Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marshall Easton Martha Johnson 17. INFORMANT 21d0essCedar Ave. 15 WAS DECEASED EVER IN ILS. ARMED FORCES? 16. SOCIAL SECURITY NO. the attendin Son (Yes, no, or unknown) (If yes give wor or dates of service) permit 214-18-8624 Gaithersburg Charles M.Easton crematian, 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) **burial-transit** PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending as the O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO ā 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18) detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) of work ot work 2]. I certify that (I) (this hospital) attended the deceosed from 10/2/6 . 19 \_\_\_\_ to\_/\_ <u>[6.7]</u>, 19\_\_\_\_, that (I) (we) last and that death occurred at 10 PM, from causes and on the date stated above. saw the deceased plive on 1/14/67 19 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) C. Jameson 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF Washington, Buriel 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Robert A. Fumphrey, Bethesd., Md. 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00899 CERTIFICATE OF DEATH 00899 death. be executed within 24 haurs after death. and campletely filled in by the funeral remave carban papers. Pages I and in any event, within 72 hours after deati PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) COUNTY o. STATE b. COUNTY Montgomerv Marvland Montgomery MARYLAND b. CITY OR TOWN (If autside corporate limits, Rwite RURAL and give nearest tawn) c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Rockville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 601 Broadwood Drive 601 Broadwood Drive YES NO A NAME OF Middle 4. DATE Lost Year First DECEASED GRACE D. ELGEN January 30,1967 19 Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 8 dast birthdoy) Hours 5/19/84 Female White and in any WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY Ohio ø 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remayal, attending phys Reppert Luther Donaldson Hannah 16 SOCIAL SECURITY NO. 17 INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) permit. 578-46-6907 Grace McGuire-Item# INTERVAL BETWEEN CAUSE OF DEATH (Enter anty one couse per line for (a), (b) and (c).) signed by the burial-transit p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if any, which gave rise to immediate couse (o). DIJE TO use as the l stoting the underlying couse has been lost. WAS AUTOPS PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) for use Health NO X TO HOSPITAL OR ATTENDING PHYSICIAN:
Page 4 may be retained by the haspital or
TO FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o.m. factory, street, office bldg., etc.) While Not While ot work ot work 21. I certify that (I) (this hospital) attended the deceased from the 19-59, ta 4 3 cs., 19-67 that (1) (we) last 1967, and that death accurred at 1 30 saw the deceased alive an June 29 M. fram causes and an the date stated above. 22b. DATE SIGNED 220/SIGNATURE MED, DIRECTOR ATTENDING 1/30/67 M.D. PHYS director, page 3 shauld be filed v ADDRESS W. Edmonston Dr., Rockville, Md. NAME (Type) G. Bowditch Hunter, Jh. 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, Bur REMOYAL (Specify) Prince George Co., Maryland Feb. 1,1967 Cedar Hill Funeral Home-1331 Rockville Pike VR A15 (4) 20 M 1/66 Rockville.Md DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00900 MEDICAL EXAMINER'S CERTIFICATE 00900 I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY delay is and 3 ta 2, and Poge b. COUNTY MARYLAND pages land2 with the State Department b CITY OR TOWN (If autside corporate c LENGTH OF STAY IN 1b c. CITY OR TOWN porside corpgrote limits, write RURAL and give write RURAL and ITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? be forwarded to the Chief Medical Exominer's Office along with form Give Pages YES NO. NAME OF Middle Year DECEASED OF DEATH (Type or pnnt) 9 AGE (In years lost birthdoy) 7. MARRIED IF UNDER 24 HR Months Days Hours 72 hours after death WIDOWED DIVORCED 100, USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR or foreign-country 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? This certificate should be executed within 24 13 FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER NU.S ARMED FORCES? 17 INFORMANT (Yes, no\_nounknown) (If yes give wor or dotes of service) within 18 CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c)) **burial-transit** PART I. DEATH WAS CAUSED BY in any event ONSET AND DEATH A / IMMEDIATE CAUSE (0) writing the word DUE TO Cardio Voscular Disease-Conditions, if any, which gove rise to immediate couse (a). **DUE TO** Ö stoting the underlying couse gud 02 be used removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS) PERFORMED? please execute the certificate, 20g EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter noture of njury in Port I ar Part II of item 18) 3 should should crematian, or PRIMARY Or CONTRIBUTING **CAUSE OF DEATH** 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page Not While of work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection [7] Inquiry X. and in my opinion Notural causes death resulted from. Suicide Accident Homicide Undetermined monner the funeral director TO FUNERAL DIRE
Health prior to be CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) BURIAL CREMATION. 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) 1/11/67 Leets Crematorium Was Washington VR A15ME (5) Lee Funeral Home Washington, D.C. 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00901 00901 executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH b. COUNT GOMERY a. COUNTY nvigome ec MARYLAND completely filled in by the love carban papers. Pages CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate firmits, write RURAL and give negrest tawn) write RURAL and give nearest town) BETHESDA VER DERILL d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? hin 72 l 6674 MELODY LANF NO 3 NAME OF Middle 4. DATE lease regrove carbon Last First Day DECEASED ELLA LEE DEATH JAN. (Type or print) 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 5 SEX DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED birthday) Months Days Haurs DIVORCED 12. CITIZEN OF WHAT 1Da USUAL OCCUPAT ON (Give kind of work done 10h KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) requires that the death certificate be during most of secretary life eyes if retired)
HOUSEWIFE INDUSTRY gud WEST VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, ar r¶moval, MOSES SHRIVER ORPHA MORRIS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16 SOCIAL SECURITY NO (Yes, no ar unknown) (If yes give war ar dates of service SAME AS ROYEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART | DEATH WAS CAUSED BY: burial-transit I 1/ IMMEDIATE CAUSE (a) DUE TO signed t Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause as the Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION State Dept. of Health NO 2Dg. ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 2Dc. TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, affice bldg, etc.) Nat While at wark at work 19 67 to VAN 21, 19 67 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 22 2 saw the deceased alive an UAN 21 1967, and that death accurred at 945,0M, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** M.D. DIRECTOR director, page 3 shauld be filed 22d. ADDRESS 22c. PHYSICIAÑ'S 10150AGE TOURN NAME (Type) 10401 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a BURIAL (REMATION) DATE THEREOI (Caunty) BURIAL Specify) ROCKVILLE MARYLAND PARKLAWN CEMETERY 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURI 24. FUNERAL DIRECTOR JOSEPH VR A15 (4) 20 M 1/66 WASH. D.C. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00902 CERTIFICATE OF DEATH 00902 offer-seath. be executed within 24 hours after death by the funeral gud 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY Montromerry MARYLAND THE PERSON NAMED IN Montgomery b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ond in any event, within 72 hours 2 daus Takoma Park Silver Spring Washington, D.C. popers. d STREET ADDRESS 2006 Columbia Rd. NW d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) Washington Sanitarium and Hospital 1932 How Hambins wenus YES NO remove corbon 3 NAME OF Middle Day OF January

9. AGE (In years DECEASED Miss Nellie (Type or print) 2) IF UNDER T YEAR Fielding (none) 6. COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH IF UNDER 24 HRS 7 MARRIED last birthday) Months Days Hours WIDOWED DIVORCED white 3-30-82 female 10a USUAL OCCUPATION (Give kind at work dane 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BiRTHPLACE (County & State, or fareign country) during most of working life, even if retired) COUNTRY? **INDUSTRY** Virginia
14. MOTHER'S MAIDEN NAME Chamber of Commerce America 13. FATHER'S NAME burial, cremation, ar remova Annie Strahorn Mr. William Fielding 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address The law requires that the death (Yes, na, or unknawn) (If yes give wor or dates at service Patient's chart 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). by the hospital or ottending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse to FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS ALTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Hame, farm, (City or tawn) (County) 20c TIME OF NJURY Month, Day, Year Not White Hour am factory, street, affice blda., etc.) at wark at wark 21. I certify that (1) other hospital) attended the deceased fram of 1967, and that death accurred at 1967 MM, fram causes and an the date stated above. 22n SIGNATURE 22b DATE SIGNED MED. DIRECTOR M.D 22d. ADDRESS 22c. PHYSICIAN S 770) Carrol) five Tatoona Par Sand strom MD NAME (Type) 23g BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify)
Burial Prince Georges Co. Md. 1/26/67 Ft. Lincoln Cemetery 24. FUNERAL DIRECTOR The S. H. Hines Geress Washington 250 RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE D. C. DATE

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1 1 mm / w mm mm

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00903 00903 MEDICAL EXAMINER'S CERTIFICATE FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution. Residence before odm.ssion) Page ġ, death, MARYLAND Department CLENGIN OF STAY IN 16 porate limits, write RJRAL and a mearest town ond after (If not in boy fal give street address) d STREET ADDRESS hours alang with farm ON A FARM? ate YES Give Pages havrs after death NAME OF First Lost Doy Year within 72 DECEASED 19 (Type or print) DEATH S SEX AGE IF UNDER I YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED DATE OF BIRTH Doys 29 lost birthdoy) Hours WIDOWED DIVORCED Office event ltem . 10b. KIND OF BUSINESS OR 11 CEIRTHPLACE 12 CIT ZEN OF WHAT USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY 24 13 FATHER'S NAME pencil be executed within ⊑ and FIle 16 SOCIAL SECURITY NO DECEASED EVER IN L.S. ARMED FORCES? 17 INFORMANT Address remava, (Yes, no, or Unknown) (If yes give wor or dotes of service CAUSE OF DEATH (Enter only one couse per no for (o), (b), one (c).) INTERVAL BETWEEN buriol-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY Þ IMMEDIATE CAUSE (o) This certificate shauld cremation, DUE TO ta the Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse farwarded lost. 0.5 burial, WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NÔ the certificate, Ç 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) prior PRIMARY Or CONTRIBUTING shauld CAUSE OF DEATH. 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 201 (City or town) (County) (State) Hour p.m foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page of work of work designated 21. I certify that I taak charge of the remains describe Dabave, held an Autopsy and in my apinian Inspection Inquiry death resulted from Natural causes Undefermined manner the funeral directar. Suicide be retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED or its SIGNATURE **EXAMINER'S** Health ( Address (Street, City, town or county) BURJAL CREMATION ... DATE THEREOF 23d LQCATION (City or Town) (County) (Stote) 0 2-3 REGISTRAR S SIGNATURE FUNERAL DIRECTOR 'ADDRES 250 REC D BY REG STRAR VR ATSME (5) DATE 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00904 the funeral ages 1 and 2 rs after deoth. requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY hours after MARYLAND COMPR CITY OR TOWN (If autsold carporate limits write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ottending physician and completely filled in permit. Then please remove carban popers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? and in any event, within 72 NO UP YES NAME OF DATE Day First Lost DECEASED OF DEATH (Type or print) S SEX 6. COLOR OR RACE AGE 7. MARRIED **NEVER MARRIED** (In years lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10a, USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) INDUSTRY HSWF Dwn home 14. MOTHER'S MAIDEN NAMI 13. FATHER'S NAME buriol, cremotion, or removal INFORMANT 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. permit. University Blue (Yes, no, or unknown) (If yaygive wor or dates of service 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospital or offending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse **TE FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) foctory, street, office bldg, etc.) Not While ot work 21. I certify that (I) (this hospital) attended the deceased from and that deoth occurred at 3 P. M., from couses and on the date stated above. sow the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE M M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Long Branch Cemeteru Anderson County Jan 28 250 REC'D BY REGISTRAR DATE 2Sb 'REGISTRA VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 00905 CERTIFICATE OF DEATH 00905 and campletely filled in by the funeral remave carban papers. Pages 1 and 2 in any event, within 72 hours after death. : The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY Montgomery b. COUNTY o. STATE Maryland MARYLAND Montgomery b CITY OR TOWN ( f outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 7 days Wheaton Rockville d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO L University Nursing Home 4503 Dabney Drive YES e remave carban 3. NAME OF Lost 4. DATE Month Dov Year DECEASED Llovd Charles French 67 (Type or print) DEATH UNDER 24 HRS. YFAR S SEX 6 COLOR OR RACE 7 MARRIED B. DATE OF BIRTH (In years NEVER MARRIED lost birthday) Doys Months Hours 4/28/1907 Male White DIVORCED MIDOWED 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 10o USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired)

Communications Supervisor Providence, R. I. TISA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles W. French Alice Jok (Joy) IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 4503 Dabney Dr. (Yes, no, or unknown) (If yes give war or dates of service) 088-05-4031 Mrs. L. C. French-Rockville, Md CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c))
PART 1 DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH Prannic IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the prior to b the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS' for use Health NO YES T 20o ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg, etc.) Not While While TO HOSPITAL OR ATTENDING Pagm 4 mmy be retained by the of work at work 2). I certify that (I) (this hospital) , 19\_\_\_, that (I) (\*\*\*e) last attended the deceased fram 19 /4/2 to plnous and that death accurred at 6.40 pM, from causes and on the date stated above. saw the deceased alive an, 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR STAFF PHYS. ATTENDING MD 22d. ADDRESS 22c. PHYSICIAN S Dr. Morris Perry 11602 Georgia Ave., Silver Spring, Md. NAME (Type) director, p 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. 23b DATE THEREOF (County) (Stote) BURNAVAL (Specify) Arlington National Cem. Arlington, Virginia ABORESSI Georgia Ave 250. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATUR FUNERAL DIRECTOR ylen Carter GOATE JAN VR A15 (4) Silver Spring. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00906 within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. funeral s 1 and USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b COUNTYo COUNTY o STATE MARYLAND c. LENGTH OF STAY IN 16 b CITY OR TOWN (If autside sorporate limits outside corporate limits, write RURAL and give begrest town) write RURAL and d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR ADSTITUTION (If not in hospital, give street address) popers. filled Hospital YES NO X completely fi Middle DATE 3. NAME OF Lost Doy Year DECEASED (Type or print) 19 DEATH and in any event, IF UNDER 1 YEAR 9. AGE UK 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED В. DATE OF BIRTH yeors Jast birthdoy) Months Doys Hours WIDOWED DIVORCED 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCL PATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) INDUSTRY COUNTRY? during most of working lite, even if ret red) Lawver 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME attending Same as INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? Item 2. (If yes give your or dotes of service) (Yes, no or unknown) -6505 Mrs.Elithe P.Fuller INTERVAL BETWEEN 18 (CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO 1 month Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been Health prior to WAS ANTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 NO 3 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH directar, page 3 shauld be detached i should be filed with the Stote Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg, etc.) Hour o.m. Not While 19 ot work of work , 1962, to Jan 27 1967, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram April (8 be retained saw the deceased alive an Ton, 25 1967, and that death accurred at 900 M, fram causes and an the date stated above. 22b. DATE SIGNED 220 SIGNATURE ATTENDING ATTENDING
PHYS
22d ADDRESS -27 - 67DIRECTOR M.D. 22c PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Washington. Rock Creek Cemetery 1-30-67 256 REGISTRAR'S SIGNATUR 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 PUMPHREY, Bethesda, Maryland 1967



./	- 1	Ţ	tems 18&21 Film 387 3-27-MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
7	FOR STATE		00907	MEDICAL EXAMINER'S		00907			
	HEALTH DEPT:	7	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased wed, if institution	Residence before admission)			
	delay is and 3 to 13. Page immt af	-	b C TY OR TOWN At autside carparate I mis,	C LENGTH OF STAY IN 10	maryland monto	and give nearest town)			
4	y dela 2, and PM3. I parter a	-	d NAME OF HOSPITAL OR INSTRUCTION (If nor II		Silver Spring	1			
	Pages 1, 2, and 3 ta with farm PM3. Page state Department of 72 hours after death.	0	1719 Piney Br	Rd.	8719 Piney Br Rd	e IS RESIDENCE ON A FARM? YES NO			
			3 NAME OF DECEASED (Type or print) Cather	ine Virginia	Carrololl DEATH JAY	Doy Year 20 19 67			
	after d 18 Give alang v alang t			MARRIED NEVER MARRIED WIDOWED DIVORCED	B AATE OF BARTH (/) 9 AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS anths Days Haurs Min			
	24 haurs in Item II c Office es dand 2		10a JSUAL OCCUPATION (Give kind of wark dane dury) most of weeking life, even (fretired)	10% KIND OF BUS NESS OR	11 BIRTHPLACE (Store or fareign country)	12 CITIZEN OF WHAT COUNTRY?			
	within 24 pencil in xamines.	-	13 FATHER'S NAME & SOL	1.	14 MOTHERS MAIDEN NAME JORD	ie Teco Oliver			
	in pe Il Exan I. File I, and	-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give war ar dates at se	16 SOCIAL SECURITY NO 17	INFORMANT Address				
	executed nding." "Medical permit.			11)	Ir Roap + Police Re	cord.			
	shauld be executed e ward "pending" in a the Chief Medical E ouriol-transit permit. E mation, ar remaval, a		18 CAUSE OF DEATH (Enter only one cause PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	per line far (a), (b), and (c))  Acute massive	/	INTERVAL BETWEEN ONSET AND DEATH			
	should be e ne ward "per ta the Chief I buriol-transit mation, ar re		Conditions, if any, which gave ) (b)		•				
	vertificate should writing the ward rwarded to the Ct sed as a buriol-tropurior, cremation,	1	stating the underlying cause DUE TO						
			PART II OTHER SIGNIFICANT COND TONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES X NO			
	AMINER: This of the certificate, at 4 shauld be fail and files.  age 3 should be u agent, prior to b		20g EXTERNAL CAUSE WAS PRIMARY   gr contributing   Cause of Death.	20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I ar Part I of item 1B)				
	EXAMINER: ute the cert age 4 shauld your files. Page 3 should age of the cert		20c TIME OF HUJURY Month, Day, Year Hour a m p.m. 19		LACE OF IN.JRY (Home, form, and arranged and action) actory, street, affice bldg , etc.)	(County) (State)			
	T S O D S OF		21 1 certify that I tack charge of	if the remains described above, h		and in my opinion			
	MEDICAL EXA please execute director. Page estanged for you DIRECTOR: Poge ts designated a		1/1/10	auses 🔼 Audent 🔲, Su	Icide , Homicide , Undetermined mann	er 🗌			
		A .	SIGNATURE SULLEY  EXAMINER'S	Cheap, MI	MD ASSISTANT MEDICAL EXAMINER (	22. DATE SIGNED			
	o DEPUTY necessary, the funera 5 may be 5 FUNERAL	7	NAME (Type) BELOEN 1236 BURIAL CREMATION, 236- DATE THERE	OF 23c NAMP OF CEMETERY OF	Addler's Kstudex air (46 Wm) or county)	10, 20/96/ 15tores			
	10 10 10	-	REMOVAL (Specify) - Jan 24	1-1967 Kock 60	week of the property of project of the project	ARS SIGNATURE			
	VR A15ME (5) 6M 1/66		Arthur Weller	254 Gerre	DATE JAN 24 1967	Icharles Judge			

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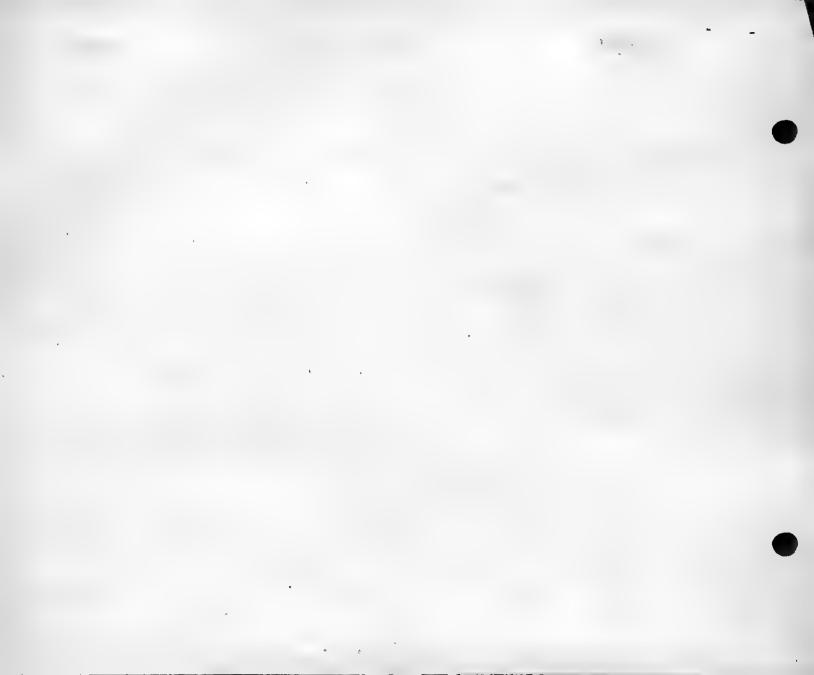
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00908 CERTIFICATE OF DEATH 00908 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o STATE b. COUNTY MONTGOMERY MARYLAND PRINCE GEORGES b. CITY OR TOWN (If outside corporate limits, write RURA, and give negrest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WHEATON 10 MOS. CAPITOL HEIGHTS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARMS UNIVERSITY NURSING HOME 608 59th AVENUE □ NO K NAME OF Middle 4 DATE Lost Month Year DECEASED HAROLD VAN FOSSEN GARBER JANUARY 7 (Type or print) 19 67 DEATH F JNDER 1 YEAR | IF UNDER 24 HRS S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE ( n years NEVER MARRIED 195 birthdoy) Hours APRIL 3,1892 MALE WHITE and in any WIDOWFD DIVORCED 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRYTISA physician len please during mest of working life, even if retired) UNDUSTRY GOV. PENNA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal. ALLEN J. GARBER ELLEN IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address (Yes, porocunknown) (If yes give war or dates of service) DONALD J. GARBER 624 61AVE. CAPITOL HGTS. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse (c) 19 WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO Z 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month Dov. Year 20d INJURY OCCURRED (City or fown) (County) (Stote) foctory, street office bldg, etc.) Hour o.m. 21. I certify that (1) (this haspital) attended the deceased fram art 19 1959. ta 7 19 67, and that death accurred at 6 4 M, from causes and an the date stated above. saw the deceased alive an 220 SIGNATURE DATE SIGNED M.D. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b. DATE THEREOF 23d LOCATION (City or Town) REMOVAL (Specify) 1/10/67 CEDAR HILL CEMETERY PRINCE GEORGES. MARYLAND 9 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR WILHELM FUNERAL HOME ADDRESS 25a REC D BY REG STRAR VR A15 (4) 4308 SUITLAND ROAD, SUITLAND, MD. DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00909 CERTIFICATE OF DEATH 00909 haurs after death law requires that the death certificate be executed within 24 haurs after death physician and completely filled in by the funeral en please remave carban papers. Pages 1 and aval, and in any event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside carparate limits c. LENGTH OF STAY IN 1h c CITY OR TOWN (If parside carparate limits, write RURAL and give negrest town) write RURAL and give negrest town d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADORESS e IS RESIDENCE ON A FARM? YES NO V 3. NAME OF Middle 4. DATE Month Day Year DECEASED OF DEATH (Type or print) 19 67 IF UNDER IF UNDER 24 HRS. S. SEX DATE OF BIRTH 9 AGE (In years
61 last birthdoy) YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Months Days Hours WIDOWED DIVORCED KOOK 10a. USUAL OCCUPATION (Give kind of work dope during most of working life, even fretired) Ret. 10b KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY ? Washington D. Paving Contracti 13. FATHER S NAM 4 MOTHER'S MAIDEN NAME Samuel S. Gardiner Annie Jane Griasbu 17. INFORMANT 0 Te IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. ddiess Haywood Dr. (Yes, na, as unknawn) (If yes give year or dotes at service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) burial-transit ONSET-AND DEATH PART 1. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if ony, which gave rise to immediate cause (o). DHE TO stoting the underlying cause as the l priar ta l Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 🖹 NO ď 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) 19 ot work ot wark 2). I certify that (A) (this haspital) attended the deceased from the control of 1960, that (1) (we) last 1960 . to 1967, and that death accurred at 255 M, from causes and on the date stated above saw the deceased alive an\_ 22o. SIGNATURE 22b DATE SIGNED associali ATTENDING PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS 620 GEORGIA NAME (Type) director, should be 23k. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. 23b. DATE THEREOF 23d LOCATION (City or Town) (County) BULLAL (Specify) Washington. D. . 1967 Rock Creek Cemetery Jan. 25b. REGISTRAP'S SIGNATURE 25g. REC'D BY REGISTRAR ance winas VR A15 (4) 20 M 1/66 PHARALEH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00910 CERTIFICATE OF DEATH funeral I and 2 ter death. **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY IntromERL hours after MARYLAND c CITY\_OR JOWN (If outside corporate limits, write RURAL and give nearest town). CITY OR LOWN (If outs descriporate limits, write RORAL and give nearest town) C LENGTH OF STAY IN 16 Kackwille) ,⊊ d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled YES NO DATE NAME OF åddle Manth carban burial, crematian, ar removal, and in any event, wit Doy Year DECEASED 196 (Type or print) DEATH 9. AGE LO IF UNDER 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH vegrs NEVER MARRIED Doys Jost Birthdoy) Months Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (L) BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT GOUNTRY ? attending paysician sermit. Then please Aforelo Kesti 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN 0 S. ARMED FORCES? (Yes, no, or unispigate) (If yes give wor or dotes of service 16 SOCIAL SECURITY NO 17. INFORMÂNT permit. 24-0906 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY **burial-transit** ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse has been be detached far use as the State Dept. af Health priar ta lost. exulua WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO O FUNERAL DIRECTOR: After this certificate 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20o, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) While at work ot work 1319 67 that (1) (We) last 21. I certify that (I) (this haspital) attended the deceased fram. 19 66,10 directar, page 3 shauld shauld be filed with the Jen 13 1964, and that death accurred at 14671 M, from causes and an the date stated above. saw the deceased alive an\_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Daniel Powers W. Edmondston Drive, Rockvil 23b. DATE THEREOF 23d LOCATION (City or Town) 230. BURIA., CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) BREMOVAL (Specify) Rockville, Maryland 1/17/67 Parklawn 13 ADDIRESS COCKVIILE PILES REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1867 Markey VR A15 (4) Tyson wheeler Funeral Home Rockville, Md. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET. BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00911 funeral and 2 death. death. PLACE OF DEATH a. CDUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Plontgomery Maryland Montgomeru MARYLAND by the b. CITY DR TDWN (If outside corporate limits, C. LENGTH DE STAY IN 1b. c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring hours Silver Spring Uts d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 1907 Forest Dale Drive 1907 Forest Dale Drive ND X YES ve carbon p 3. NAME OF DECEASED Middle DATE Last Month Day Year vent. (Type or print) TCRAPRO JANUARY 2-1 19 67 BelleDEATH executed SEX 6. CDLDR DR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 7. MARRIED [ NEVER MARRIED Aug 6. and cremov 1873 emale WIDDWED DIVDRCED Ξ 10a. USUAL DCCUPATION (Give kind of work done) physician 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY and CDUNTRY? Own home Maruland Housewite removal, 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME Philip Fletcher Rebecca Dayton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT ed by the attenctransit permit. (Yes, no, or unkown) (If yes give war or dates of service) 220-48-9518 Mrs. Alice G. Romer None No 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEART FAILUNG ONGESTONE signed | DUE TD -RTERIOSCIENTIC HEART DISCASE Conditions, if any, which gave rise to immediate DUE TD cause (a), stating underlying cause last. (C) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health p PERFORMED? ND N YES . 20a. ACCIDENT WAS UNDERLYING DODGED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 하 this cer detached e Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm.) (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While be retained by Stat at work \_\_\_ at work ATTENDIN 1950, to JAV. 21 TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from Schot. . 1967. that (I) (we) last and that death occurred at 9.20 AM, from the causes and on the date stated above. saw the deceased alive on JAW-22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. JAN. 21,1967 TO HOSPITAL Page 4 may 1 M.D. DIRECTOR 22c. PHYSICIAN'S ADDRESS 22d. With She. 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) Cedar Hill Cemeteru an 24 1967 Suitland Burial Maruland REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ABDRESS . VR A15 (4) Pumphreu. 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00912 00912 requires that the death certificate be executed within 24 haurs after death glaval, and in any event, within 72 haurs after death completely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE a. COUNTY COUNTY. MARYLAND b CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 16 aufside carparate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) IS RESIDENCE ON A FARM? OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS please remave carban papers □ NO 🔯 YES NAME OF Middle 4. DATE Month Year First Lost Day OF DEATH DECEASED (Type or print) 19 IF UNDER IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Manths Hours WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or fareign country) 10o, USUAL OCCUPATION (Give kind of work done **10b KIND OF BUSINESS OR** 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Maryland nausewice 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Anna Maverman the attending passif permit the matigit. Jacob Appe 17. INFORMANT 15. WAS DECEASED EVER NU.S ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dates at service) Harold Gershowitz 3413 Canberra St.SS burial, crematiai INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line (o) (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p CONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gave rise to immediate couse (a), DUE TO as the priar to t stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filled with the State Dept. of Health prior to last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO NO 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a.m. While ot wark 19. 2, that (I) (we) last 21. I certify that (i) (this haspital) attended the deceased from\_ and that death accurred at AM fram causes and an the date stated abave. saw the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 shauld be filed v M.D. PHYS DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S 9210 Colasville NAME (Type) 23d. LOCATION (City of Town) 23b. DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial
24 FUNERAL DIRECTOR Falls Ch., 23/67 King David Mem. Gar. Virginia 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 3501-14th VR A15 (4) 20 M 1/66 Danzansky & Sons St., N. W. Wash. D. JAN



1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	00913 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00913
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
=	a. COUNTY Montgomery Maryland a. STATE Maryland b. COUNTY Montgomery
riay Cessary, is to the funeral Page 5 may be State Department ours after death.	b. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)  Takoma Fark  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Rockvil e
ces ma ma part er d	
Sept 2	11634 Deborah Drive ON A FARM?
delay and 3 to Page State hours	3. NAME OF First Middle Last 4. DATE Month Day Year
M3 M3	OF DECEASED (Type or print) Maude Moure Gibson DEATH January 23, 19 67
ith. If as ges 1, 2 form P 2 with within	5. SEX   16. COLOR OR RACE   7. MARDIED   MEVED MARDIED   18. DATE OF BIRTH   19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
after death. If a 8. Give Pages 1. Cong with form Person 1 and 2 with any event within	Female hite WIDOWED DIVORCEO TITLE TO yrs.
ive Pag with with and a	10a. USUAL OCCUPATION (Give kind of work done of the low industry)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
S after and	Housewife Pennsylvania UDA  13. FATHER'S NAME  14. MOTHER'S MAIOEN NAME
E- a Me	
24 hours aft of them 18. Office along File office along is and in any and in any	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
	(Yes, no, or unknown) (Tryes give war or dates of service) 210 05 4475 William A. Gibson Jr. son Item 22
within pencil liminer's permit removal,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  INTERVAL BETWEEN ONSET AND GEATH
uted " in Exar sit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Bilateral pulmonary embolism;
ding ding ical ical	Conditions, if any, which \ Conditions are supported by the support of the suppor
Med Med Naria	gave rise to immediate ( W).
ord hief hief al, c	underlying cause last. (c)
itate should be executed the word "pending" in the Chief Medical Exa used as a burial-transit to burial, cremation, or	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
す。 な は は は は は は は は は は は は は	YES NO TO SEXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
cert riting ded rich prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  13. WAS AUTO-ST PERFORMED? YES NO  200. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS CAUSE OF DEATH.
EXAMINER: This certificate should be executed the certificate, writing the word "pending" in pshould be forwarded to the Chief Medical Examifies.  TOR: Page 3 should be used as a burial-transit pdesignated agent, prior to burial, cremation, or resignated agent, prior to burial, cremation, or residuals.	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (State)
Tage of to	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  While at work at work at work at work
the certification of the certi	21. I certify that I took charge of the remains described above, held an Autopsy , inspection , inquiry , and in my opinion
Should files.	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
REC 4	ACTUAL ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
TY MEDIC. execute to execute to for your RAL DIRECT the or its or	DEPUTY MEDICAL ASSIMILER JAN, 24, 1967
DEPUTY lease ex rector. tained i	NAME (Type) Belden R. Reap 11502 Grandview Agreess (Street, City, town, or county) Wheaton, Lary La
O DEPUTY MEDICAL EXUPLES OF HEAD OF THE CONTRIBUTION OF THE CONTRIBUTION OF HEALTH OF Its design of Health or its design	23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5 2 5 5	Burial Jan. 27, 1967 Beachwood Cometery Jofferson County Parks Sylv
VR ALSME (5)	Type Wheeler Funeral Home 1331 Rockville Pike IAN 27 1967 Schooles Judge
5M 1/65	Tyson wheeler runeral nome Rockville, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00914 00914 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) iag and completely filled in by the funeral ase remove carbon papers. Pages 1 and PLACE OF DEATH o COUNTY o STATE **b** COUNTY Montgomerv Marvland Montgomery MARYLAND c CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town) b CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 Bethesda Chevy Chase DOA carbon papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? 5504 Montgomery Street Suburban Hospital NO TX NAME OF Middle First 4. DATE Month Lost Day Year DECEASED JOSEPH GIUFFRIDA OF DEATH Jan. 19 67 (Type or print) S SFX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR LIF UNDER 24 HRS 7 MARRIED NEVER MARRIED Jost birthdoy) Dovs 'eb. 7.1885 Male Caucasiah WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) Oo USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Shoe Italy

14. MOTHER'S MAIDEN NAME Findings TIGA 13 FATHER'S NAME Carmelo Giuffrida (Unknown Josephine 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Adelphi (16, 40, or unknown) (If yes give war or dates of service E.Leonard Messick. 16142 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN burnal-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Poge 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been lost for use os t f Health prior 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED (City or town) 20c TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form, (County) (Stote) Hour a.m Not While factory, street, office bldg., etc.) ot work at work , 19 OO to THE PREVIEW That (1) (we) last 21. 1 certify that (I) (this hospital) attended the deceased from. EC 1019 (a (a) and that death accurred at 1:33 PM, from couses and on the date stated obove. saw the deceased olive on\_ 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. director, page should be filed 22d ADDRESS 22c PHYSICIAN'S Edward W. Youngblood NAME (Type) 8606 Ewing Drive. Bethesda. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23d. LOCATION (City or Town) (Stote) (County) BUREMOVAL (Specify) Glenwood Cemetery
ADDRESS 288 Washingt 24. FUNERAL DIRECTOR 258 REC'D BY REGISTRAR oseph Gawler's Sons, Washington, D.C. VR A15 (4) Millenger DATELAN



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00915 00915 FOR STATE HEALTH DERT 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before domission) PLACE OF DEATH b COUNTY a COUNTY a STATE 2, and Page Maryland Montgomery MARYLAND Montgomery
b CITY DR TOWN (if outside corporate limits, Department c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest tawn) c LENGTH DE STAY IN 15 write RJRAL and a ve nearest tawn) Silver Spring Silver Spring

d NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street oddress) e IS RESIDENCE ON A FARM? A STREET ADDRESS hours alang with farm YES TO NO 3709 Jeffry Street Holy Cross Hospital Give Pages certificate shauld be executed within 24 haurs after death Middle 4 DATE Manth 3. NAME OF First Lost Day Year OF DECEASED with the ! within 7. Jan. GLADMON 28 19 67 JENKINS. ELIZABETH DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 1902 8 DATE OF BIRTH AGE (In years S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Days Haurs 1200 Jan. 28. White WIDDWED X 65 600C yrs DIVORCED Female 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 2 CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Own home COUNTRY? S.A Wakefield. Virginia dny Housewife 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME pencil .⊑ William Jenkins e, writing the ward "pending" in per farwarded to the Chief Medical Exam Sarah Carnenter and FIle Address Sil. 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Sp. Md. (Yes, na, ar unknown) (f yes give wor or dates of service) remayal, 578-46-9188 Mrs. Margaret Poole - 3709 Jeffry XIN INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line (a), (b), quid (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY: ĕ IMMEDIATE CAUSE (a) burial, crematian, DUE TO Conditions, if any, which gove use to immediate cause (a). DUE TO storing the underlying couse 0 PART II OTHER SIGN FICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO certificate. þe 20g EXTERNAL CAUSE WAS 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I or Port II of item 18.) prior PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Hame, farm (City or tawn) (Caunty) (State) TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Not While DIRECTOR: Page at work at work designated Inspection X Inquiry 🔀 21. I certify that I took charge of the remains described above, held on Autopsy and in my opinion Į Notural couses - Acadent Homicide Undetermined manner death resulted from: Suicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE funeral Б EXAMINER'S O 5 may 1 10 FUNE! Health NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION 23b. DATE THEREO REMOVAL (Specify) Arlington Nat'l Cemetery Arlington. Virginia 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR 8434 Georgia Avenue VR A15ME (5) Silver Spring. DATE 6M 1/66





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00917 The law requires that the death certificate be executed within 24 hours after death istica and campletely filled in by the funeral please. Pages I and please remove carbon papers. Pages I and II, and in any event, within 72 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. COUNTY p. STATE b. COUNTY MARYLAND gamery COLVIB CITY OR TOWN ( f outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) NASSAS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO TH YES Dashins 3 NAME OF Month First DATE Doy Year DECEASED YTHUNGL 19 (Type or print) DEATH 5. SEX AGE (In years IF LINDER I YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF BIRTH lost birthdoy) Months Doys Hours 24-1888 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 13. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY **COUNTRY?** signed by the attending physician burial-transit permit. Their please Virginia U S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME , cremation, ar remayal, Cannon IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO Medic CAUSE OF DEATH (Enter only one couse per lige for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE 10 burial Conditions, if only, which gove use to immediate couse (a) DUE TO stoting the underlying couse GENERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the chauld he filed with the State Dept. of Health prior to lost. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION NO OR ATTENDING PHYSICIAN 200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1) of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m While Not While foctory, street, office bldg., etc.) of work of work 1960 certify that (1) (this hespital) attended the deceased from unions and that death accurred at 1/0/1/M. From causes and an the date stated above. saw the deceased alive on 220. SIGNATURE ATTENDING STAFF MD. DIRECTOR PHYS. 22d. ADDRESS -22c. PHYSICIAN'S NAME (Fype) 23c. NAME OF CEMETERY OF CHEMICAGE X 23d. LOCATION (City or Town) BURIAL, CREMATION, 23b DATE THEREOF (County) (State) Stonewall Memory Garden Burial Specify) Jan 10, 1967 Manassas Virginia 24 FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Hypottisi



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	ALTIMORE 1, MARYLAND
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A	PLACE OF DEATH  • COUNTY  2. USUAL RESIDENCE (Where decease of the country of the	sed livad, If institution; Rasidence before
-	MONTGOMERY MARYLAND MARYLAND	b. COUNTY TOMERY
L	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate write RURAL and give nearest town)	e limits, write RURAL and give nearest to
	SILVER SPRING SILVER SPRING	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	o. IS I
-	FAIRLAND NURSING HOME 8208 NEW HAMPSHI	to the control of the
	NAME OF First Middle Last 4. DATE DECEASED OF	Month Day Yes
	(Type or print)  ADA  GOODMAN  DEATH  5. SEX  16. COLOR OR RACE 7. MARRIED TO MEMORIAN TO BE DATE OF BIRTH  19. A	JANUARY 6 19
٠	In MARKIEU NEVER MARKEU	GE (In years   IF UNDER 1 YEAR   IF UNDER 1 Hours   Hours
L		37 угз.
	IGE. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore done during most of working life, even if relired)	
-	HOUSEWIFE LITHUANIA  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	USA
-1	I3. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
-	ST BALLIN  GERTRUDE LANE  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT DATES TO THE PROPERTY OF THE P	Addrass = AOO 3 = 13
(	(Yas, no, or unkown) ((fyesgivawarordatesofsarvice)	^ddrass 7409 17th
_	NO MRS. GERTRUDE ORENS	TEIN W. HYATTS.
	PART I, DEATH WAS CAUSED BY:	ONSET AND
	· IMMEDIATE CAUSE (a) ( otomosy allery unsetfliceing	Knucin O
П	Conditions, if any, which ) (b) arterioscler otce Heart discuss	//.
	gave rise to immediate cause	A SON
	(a), stating the underlying DUE TO  Cause last.	11.16
Ι,	(i) July 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	NOITION GIVEN IN PART 1(a) 19. WAS
15		PERF
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTION OF THE TE	
160	OR CONTRIBUTING CAUSE OF DEATH	
- [ ]	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, Jarm, 20f. (City or	iown) (County)
1	Hour a.m. While Not While I ractory, streat, office bregg, arc.]	
1	21. I certify that (I) (this hospital) attended the deceased from April 2.4	Enkern 6 1067 has (1)
	2 2 (2)	
	saw the deceased alive on flettilling. 3 196 f., and that death occurred at. 77M, from the	to conses and oil the date state
	ATTENDING MED.	STAFF
	22c. PHYSICIAN'S 22d. ADDRESS	PHYS GROLD
A	NAME (Type) AARON H. TRAUM MD 8237 GEORGEA A	VE. SILVER SPG.
1 2	23a BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATIO	ON (City, town or county)
	BURIAL (1-8-67 BNAI JACOB CEMETERY CHARLE	ESTON. W. VIRGIN
7	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRA	
	BERNARD DANZANSKY & SONS WASHINGTON, DC DATE JAN 9	1961 1- 1024 0 Jus



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH doop doop requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) physician and completely filled in by the funeral en please remove carbon papers. Pages 1 and PLACE OF DEATH c. COUNTY b. COUNTY MONTGONGRU MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CITY OR TOWN of outside corporate limits, 36 km. 15mi WheatoN hours bon papers. within 72 ho e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Hosp. BLUNILL NO I 3. NAME OF First Middle Last 4. DATE Doy Year DECEASED (Type or print) OF DEATH JOSEPH 19 6 FUNDER 1 YEAR | IF UNDER 24 HRS S SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED lost birthday) Months Hours Dovs 1-17-67 WIDOWED DIVORCED 12 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT Do, USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY pup UniTedS/4/es 13. FATHER'S NAME lames 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) Mothen About. cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per I ne for (a). (b), and (c) buriof-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying couse Page 4 may be retained by the hospital or attending as the TO FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO for 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20o ACCIDENT WAS UNDERLYING [ OR CONTR BUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 2Dd INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While of work of work 21. I certify that (1) (this hospital) ottended the deceased fram JAN. 17 , 1967, ta JAN. 19 , 1967, that (1) (we) last 1967, and that death occurred at 5:30A M, from causes and on the date stated above. saw the deceased olive on 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S 3716 140 NAME (Type) director, should LOCATION (City or Town) 23o. 8URIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23b DATE THEREOF (County) REMOVAL (Specify) 1/23/67 Gate of Heaven spring, ilver 24. FUNERAL DIRECTOR Rocl Typon wheeler Funeral Home DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00920 CERTIFICATE OF DEATH Mrs. Lou Madison Gormurs death executed within 24 haurs after d≣ath and 1. PLACE OF DEATH
o. COUNTY by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution- Residence before admission) o. STATE b COUNTY impletely filled in by the fur ve carban papers. Pages I event, within 72 haurs after b. CITY OR TOWN (If outside comprate limits, MARYLAND Prince c. LENGTH OF STAY, IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give nearest lown) day5 d. NAME OF HOSPITAL OR INSTITUTION (If notion hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO X Donaghus Washington 3 NAME OF First Middle DATE Year Doy campletely DECEASED OF DEATH 26 1967 (Type or pont) January Madison 5. SEX 9. AGE (In years IF UNDER 1 YEAR IE UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH lost birthdoy) Months Doys Hours and in any DIVORCED WIDOWED Whit 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) requires that the death certificate be COUNTRY? please during most of working life, even if retired) INDUSTRY physician None 14. MOTHERS MAIDEN NAME 13. FATHER S NAME signed by the attending physi burial-transit permit. Then pl burial, cremation, ar removal, Marie rolles Winston Wooden 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Records - Washington No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate couse (a). DUE TO as the prior tal stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? detached far use te Dept of Health NO O HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar YES DIRECTOM: After this certificate 20o. ACCIDENT WAS UNDERLYING [ 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) at work L of work , 1966, ta 1-26, 196 7that (4) (we) last 21. I certify that 44 (this haspital) attended the deceased from 12-16 director, page 3 shauld should be filed with the 1907, and that death accurred at 220 M, from causes and on the date stated obove. sow the deceased alive an... 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D PHYS DIRECTOR PHYS 22c PHYSICIAN S 22d. ADDRESS O FUNERAL NAME (Type) 230 BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORS 23d .OCATION (City or Town) (County) (Stote) REMOVAL (Specific 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 196 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00921 funeral and 2 death. 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Montgomery b. COUNTY Maruland MARYLAND D. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wheaton Wheaton uears ve carbon papers. event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 11503 Monticello Avenue 11503 Monticello Avenue NOX YES within letely NAME OF First Middle Last DATE Month Day Year DECEASED comple Anna (Type or print) Mau Gratton DEATH 1967 anuari 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED white emale WIDOWED K DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 988 COUNTRY? INDUSTRY Troy, New State lerk. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then removal, Charles D. Watson unknown Maru 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT he atteno permit. Address (Yes, no, ar unkown) (If yes give war or dates of service) 9 503 Monticello Huenne cremation, none Poseph Gratton 18. CAUSE OF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN been signed the the burial-transit ONSEP AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Cenditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. 38 CERTIFICATION PART II. OTHER SHON IF ICAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(3) WAS AUTOPSY PERFORMED? certificate YES NO X 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESDRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) of 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED [ 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on M. from the causes and on the date stated above. and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR Page D FUNERAL I director, pa may Pag == PHYSICIAN'S 22d. ADDREST NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town REMOVAL (Specify) 2 REC'D BY REGISTRART VR A15 (4) DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE, (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COLINXY filled in by the fuppapers. Pages 1 and 72 hours after d after MONTGOMER V
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) G-6 ME MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RORAL and give nearest town) hours SPRING 6 day d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? ve carbon pap event, within NO L etely 1 executed within NAME OF DECEASED First Middle DATE Month Last 4. Day OF DEATH (Type or print) ENHOUSE 1967 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH етоме 7. MARRIED NEVER MARRIED iast birthday) Months | Oays Hours and in any WIDOWEO X TEMALE WHITE WIT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OIVORCEO [ 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ician ease death certificate be INDUSTRY 11.5. ᆸ 13. FATHER'S NAME MOTHER'S MAJOEN NAME гетор nding | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN been signed by the the burial-transit or to burial, cremat The law requires that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which (b) gave rise to immediate **OUE TO** cause (a), stating the prior 1 underlying cause last. 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY USB PERFORMED? CERTIFICATI MC YES NO X Ь 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cerus detached for OESCRIBE HOW INJURY OCCURRED. (Enter nature of Islury 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After While Not While p.m 19 at work at work D 21. I certify that (1) (this hospital) attended the deceased from 19.45 DIRECTOR: and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on 228 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR M.O. PHYSICIAN'S NAME (Type) HOSPITAL TO FUNERAL ADDRESS director, p 22c. 22d. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL CREMATION. town or county) 23b. REMOVAL (Specify) ONG REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 haurs after dmath I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decepsed lived, If institution: Residence befare admission) a. COUNTY b. COUNTY MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) b. CITY OR TOWN (If autside caroarate limits -write RURAL and give nearest town) WOODLAND DEIVE completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDÊNCE ON A FARM YES NO P exacuted within 4. DATE NAME OF Middle pleose remove carbon ¥. Month Doy Year OF DEATH DECEASED (Type or print) 19 60 YEAR 9. AGE (In years IF UNDER IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH lost-birthday) Manths Hours DIVORCED WIDOWED physicion and JOB USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) requires that the death certificate be INDUSTRY ARYLAN,D 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME removal, ESSIE WINTHROP en URICE signed by the attending buriol-tronsit permit. Th WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) ((If yes give war or dates af service) TONE SAME AS 5-50-9188 Ы INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line-far (a), (b) and (s)-) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove (b) rise to immediate cause (a). DUE TO stating the underlying couse as the prior to hos been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CHECKET PARTICULAR WAS ALTOPS'
PERFORMED? NO X 20a ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Hour a.m. foctory, street, affice bldg., etc.) While Not While at work at work 1967 to 1-15 1967, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram 1 -- 15 be retoined 0 saw the deceased alive an 1-65 1967, and that death occurred at 538 MM, fram couses and an the date stated obove. O FUNERAL DIRECTOR: 22b. DATE SIGNED 22o. SIGNATUR M.D. director, poge should be filed 22d. ADDRESS 1011UNIVERSITY 01.10 EAST 22c PHYSICIAN Page 4 may NAME (Type) / ItomA SILVER SPRING 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, 23b DATE THEREOF (County) -(Store) REMOVAL (Specify) OHEV SHOLOM CEM. INASHIN 670 N 1-17-66 CRIAL 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR **FUNERAL DIRECTOR** VR A15 (4) 20 M 1/66





g 1 '	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
5 = 2=	00925	CERTIFICATE OF D	EATH	00925		
within 24 haurs after death ely filled in by the funeral bon pagers. Pages I and 2, within 72 hours after death	PLACE OF DEATH o. COUNTY  Montgomery	2. USUAL 1 o. STATE	RESIDENCE (Where deceased lived, if institution b. COUNT Maryland	n: Res dence before admission)		
aurs aft by the Pages nours aft	b CITY OR TOWN (If autside carparate umits, write RURAL and give nearest tawn)  Bethesda	4 mo. Chei	10WN (It outside carparate limits, write RUKA 14 Chase	L and give nearest tawny		
24 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, gratomac Manor Nursing Home		Brookville Rd.	e IS RESIDENCE ON A FARM? YES NO V		
ate be executed within 24 haurs after deathician and campletely filled in by the funeral lease remove carbon papers. Pages I and 2 and in any event, within 72 hours after death	3 NAME OF DECEASED (Type or print)  5 SEX 6. COLOR OR RACE 7 MARRIED	Middle Lost  H. W. G. V. F.  NEYER MARRIED   8. DATE OF B.	FIN DATE Manth OF DEATH JAN  IRTH 9 AGE (in years L	Day Yengs I IF JNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Mun.		
ertificate be exec prysician and co in please remai		ND OF BUSINESS OR II BIRTHP DUSIRY WAR	LACE (County & State, or fareign country)  R'S MAIDEN NAME	12 CITIZEN OF WHAT COUNTRY?		
he death certifi e attending pry permit. They t an, ar removal	15 WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, ng. or unknown) (lif yes give war or dates af service)		ZABETH S	ting St.		
physician. physician. signed by the burial-transit	No None  18 CAUSE OF DEATH (Enter only one couse per line for PART 1 DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), storting the underlying couse lost.  (c)		bosis	INTERVAL BETWEEN ONSET AND DEATH		
ICIAN: The pital ar atterificate has a dear use a dear use a af Health pr	PART II. OTHER SIGNIFICANT/CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TQ. THE TERMINAL CONCERNS OF THE TERMINAL CONCE		19. WAS AUTOPSY PERFORMED? YES - NO		
OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate ge 3 should be defacted far us led with the State Dept. af Healt	20c. TIME OF INJURY Month, Day, Yeor Hour a.m. 19 While at work  21. I certify that (I) (this hospital) attentions aw the deceased alive an		ice bldg , etc.)	(County) (Stote)		
O HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the hasy FUNERAL DIRECTOR: After this can director, page 3 shauld be detache should be filed with the State Dept.	220. SIGNATURE  22c PHYSICIAN'S NAME (Type)	M.D. PHYS.		22b, DATE SIGNED  22b, DATE SIGNED  ROSKVILLE		
TO HOSPITAL Page 4 may No. 25 TO FUNERAL MEN W W W W W W W W W W W W W W W W W W W	230 BURIAL (REMATION, REMOVAL (Specify)  Burial (Specify)  Jan. S. 1967  24 FUNERAL DIRECTOR  John B. Thomas	234 NAME OF CEMETERY OR CREMATORY Glenwood Cemetery ADDRESS 8434 Georgia Ave.				
20 M 1/66	Banner & Dumphron Que	Silver Spring Ma	DATE JAN 6 1967	I marcis Judge		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00926 campletely filled in by the funeral 1000 carban papers. Pages 1 and 2008 is event, within 72 haurs after gleath deministrate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH a COUNTY o. STATE COUNTY Montgomery New Jersey MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) E LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate mits, write RUPAL and give nearest town)
Bethesda (rural) 8 days Delair d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADORESS ON A FARM? 8436 Stow Road Naval Hospital NO X 3. NAME OF DATE Middle Manth DECEASED Christina Etta GROVER 67 12 January 19 (Type or print DEATH IF UNDER 1 YEAR 9 AGE (In years IF UNDER 24 HRS S SEX X 8. OATE OF BIRTH 6 COLOR OR RACE 7. MARRIEO NEVER MARRIEO (ast\_birthday) Hours Jan. 14. 1964 Female Cauc WIDOWED DIVORCED attending physician and permit. Then please rem IDa USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of warking life, even if retired) INDUSTRY **COUNTRY?** Guantanamo Bay, Cuba USA 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Theresa Pelchat Clark A. Grover 16. SOCIAL SECURITY NO. 17. INFORMANT Address New Jersey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? requires that the deat (Yes, no, arunknown) (If yes give war ar dates of service) Clark A. Grover, 8436 Stow Road, Delair INTERVAL BETWEEN 18. CAUSE OF OEATH (Enter only one cause per tine for (a), (b), and (c),) signed by the burial-transit p ONSET AND DEATH PART 1. DEATH WAS CAUSED BY-Thrombosis left pulmonary artery IMMEDIATE CAUSE (a) DUE TO Transposition of great vessels with ventricular septal Canditians, if any, which gave nse ta immediate cause (a), defect and pulmonary stenosis DUE TO stating the underlying cause (c) Congenital malformation, heart PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO F TO FUNERAL DIRECTOR: After this certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNCERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, affice bldg, etc.) Nat While at work 21. I certify that (1) (this haspital) attended the deceased from Jan. 4, 19 67, to Jan. 12, 19 67 that (1) (we) lost saw the deceased alive an 19 67, and that death accurred at 240AM, from causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED Jan. 12, 1967 director, page 3 should be filed v M.D. DIRECTOR 22d ADDRESS 22c PHYSICIAN'S Page 4 may NAME (Type) Donald H. Gaylor, M. D. Naval Hospital, Bethesda, Md. 23d LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation Cedar Hill Crematory 1-13-67 Prince George County, Md. Robert A. Pumphrey Funeral Home Wisconsin Ave., Bethesda, Md. 2Sb. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. By the funeral Poges I and 2 nous after death 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY COUNTY MARY! AND within 72 hours after CITY OR JOWN (If autside comparate limits, CITY OR OWN (If autside carparate limits, write RURAL and give nearest fawn) r LENGTH OF STAY IN 16 write RURAL and give nearest town) d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) filled in papers boks completely fil nove corban p NAME OF 4. OATE Middle Last Month Day Year OF DEATH DECEASED JOSEPHINE Ruendi JAN. 196 (Type or print) IF UNDER YEAR AGE (In years IF UNDER 24 HRS SEX 7 MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Manths Oays Haurs WIOOWED OWORCED 1-6-13 12. CITIZEN OF WHAT 10a. JSUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 13: PARTHPLACE (County & State, or fareign country) COUNTR during most of working life, even if retired) INDUSTRY Housewife) the attending physic sit permit. Then ple 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM signed by the attending phy burial transit permit. Then buriol, cremotion, or removal McCarthy Margaret/ IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, eyenknawn) (If yes give war ar dates of service) 084-10-8118 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line-for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), **OUE TO** for use as the t f Health prior to t stating the underlying cause 10 FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES REDY 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH director, page 3 should be detoched should be filed with the Stote Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour am. factory, street, affice bldg., etc.) Nat While 19 at wark L at work 1964 20 2). I certify that (1) (this haspital) attended the deceased from (heart 196 /, that (I) (we) lost be retained 2, and that death occurred at the form couses and on the date stated above. sow the deceosed olive on. \_DATE SIGNED 220. SIGNATURE 22b **ATTENDING** MED. DIRECTOR STAFF 22d. ADDRESS sconsin 22c. PHYSICIAN'S NAME (Type) Mary and Bethesda. 23d, LOCATION (City or Town) 23o. BURIAL CREMATION 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) Arlington Natl Arlington. Buria Cam 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR (udgs VR A15 (4) 20 M 1/66 Robert A. Pumphrey. Bethesda, Md.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00928 CERTIFICATE OF DEATH 00928 requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) deat 1. PLACE OF DEATH a. COUNTY Montgomery o. STATEMaryland b. COUNTY ician and campletely filled in by the fun lease remove carban papers. Pages 1 and in any event, within 72 haurs after MARYLAND b CITY OR TOWN (If autside corporate limits, write RURAL and give neprest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 9307 Cedar Lane d. STREET ADDRESS Bethesda, Maryland IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM Suburban Hospital NO X. 4 DATE OF NAME OF Manth Middle the attending physician and campletely sit permit. Then please remove carban DECEASED DeReba L. Gustin January 67 DEATH 19 (Type or print) SEX Female DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Davs White WIDOWED Nov. DIVORCED 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done U.S.A. during most of working life, even if retired) INDUSTRY Pennsylvania 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial, crematian, ar remaval Frances Shaw Joseph McKibben 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. signed by the attendir burial-transit permit. (Yes, na, ar unknown) (If yes give war ar dates of service Richard M. Gustin-husband-same item # INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter any one cause per line far (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. af Health priar ta last. WAS AUTOPS!
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION NO 2De ACCIDENT WAS UNDERLYING F. 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2De. PLACE OF INJURY (Hame, form, 20f (City or town) (County) (State) 2Dd. INJURY OCCURRED 2Dc. TIME OF INJURY Manth, Day, Year factory, street, affice bldg, etc.) Haur a.m. at work 21. I certify that (1) (this haspital) attended the deceased fram march 1965, to January 12, 1967, that (1) (we) last saw the deceased glive an January 12 1967, and that death accurred at 5 %, M, from causes and an the date stated above 22a, SIGNATURE ATTENDING STAFF PHYS M.D. DIRECTOR director, page shauld be filed 22d ADDRESS 22c. PHYSICIAN'S Cedar La. Suite 201-A NED CAHILL, M.D. NAME (Type) LEWIS Bethesda, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23a. BURIAL, CREMATION, Burial Burial Perrysville. Pleasant Hill 250 REC'D BY REGISTRAR DATE 25h REGISTRAR'S SIGNAJURE 24. FUNERAL DIRECTOR Tyson "heele - Funeral HoME ockville, Md. VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00929 00923 death. certificate be executed within 24 haurs after death ng physician and campletely filled in by the funeral Then please remove carban papers. Pages I and emgval, and in any event, within 72 haurs after deatl 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY o. STATE b. COUNTY Montgomery County
b. CIT OR TOWN (If autside corporate I mits,
write RURAL and give nearest town) MARYLAND Maryland Prince George's c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 15 Hyattsville Silver Spring. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARMS 1511 Madison Street Holy Cross Hospital of Silver Spring YES NO<sup>4</sup>F 4. DATE 3. NAME OF Month Year Haines 29 67 DECEASED Walter Hanley Jan Sr. DEATH (Type or print) 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8 DATE OF BIRTH S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 7 Last brithday) Manths Days Hours 2/8/9A male white WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of wark dane during most of work ng life, even if retired) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) COUNTRY? INDUSTRY crematian, or removal, and Bookbinder New York City. NY USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ada Minshull Wm. Hanley Address 16. SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 066-07-6422alter hanley, Jr. Son permit. Hestro, arunknown) (lityes give warror dates at service) (above address) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (s) PART I DEATH WAS CAUSED BY. the signed by the burial-transit p ONSET AND DEATH UP 10 481764 IMMEDIATE CAUSE (a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO burial YEAR S Conditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse far use as the prior ta last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES INO VIDHY 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20d INJURY OCCURRED TIME OF INJURY Manth, Day, Year Not While Haur a.m. factory, street, office bldg, etc.) at work 3 9 . 19 <u>6 2</u> that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. . 19 in 1. ta 2. and that death accurred at R BAM, from causes and an the date stated above. saw the deceased alive an. 22a, SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS M.D. PHYS. directar, page shauld be filed 22d ADDRESS 22c. PHYS!CIAN'S 905-56 HUBIISVILE. Me NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b DATE THEREOF 230 BURIAL, CREMATION, REMOVAL (Specify) Arlington, Va. 2/1/67 Arlington Nat.Cem. 2Sa REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Mar ylan d 24. FUNERAL DIRECTOR Nalley's Rainier, VR A15 (4) 20 M 1/66 Funeral Home DATE

Dr. Regs notil	gird + opp	wweQ, Division of STATISTICAL	MARYLAND STATE DE RESEARCH AND RECORDS, 301	PARTMENT OF HEALTH I W. PRESTON STREET, BALT	IMORE, MARYLAND 21	201
A CHI	00930		CERTIFICATE	OF DEATH		nneta
nitroje be executed within 24 haurs after death. nysician and campletely filled in by the funeral n please remave carban papers. Pages I and Z ral, and in any event, within 72 haurs after death	1 PLACE OF DEATH a. COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceded as STATE Maryland	sed lived, if institution: Resider	nce before admission) Ontgomery
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deat tend rmit.	(Yes, no, ar unknawn)	(If yes give war or dates of servi	215-14-7032-A M	Irs. Eva Wadford	602 MoNeil	inc Md
OR ATTENDING PHYSICIAN: The law requires that the death cerbe retained by the haspital or attending physician.  SIRECTOR: After this certificate has been signed by the attending ple 3 shauld be detached far use as the burial-transit permit. Thered with the State Dept. af Health priar to burial, crematian, or removed.	18. CAUSE OF I	DEATH (Enter only one couse per ATH WAS CAUSED BY IMMEDIATE CAUSE (a)		melletus		INTERVAL BETWEEN ONSET AND DEATH
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SICIAN Sspiral - sertifica sed far t. of He	OR CONTRIBUTIN	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port 1 or Po		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to	[달] Hour o	JURY Manth, Doy, Yeor .m. 19	20d. INJURY OCCURRED 20e. PLA While Not While foct	CE OF INJURY (Hame, form, ory, street, affice bldg., etc.)	(City ar town) (Co	ounty) (State)
MDIN d by Affe d be e Ste			) attended the deceased from_		to/~/8, 196	that (I) (we) last
TOR: hould	22o/SIGNATUR	deceosed alive on	1 - / 8 19/2/, ond the	t death occurred at 15.5.	·	The dote stoted obove.  DATE SIGNED
OR A DIRECT Spe 3	Zic PHYSICIAN	Us. S. No	engstack my	ATTENDING MED. PHYS. 22d ADDRESS	STAFF PHYS.	18-67
TO HOSPITAL Page 4 may b TO FUNERAL D director, page should be file	NAME (Typ	e) /George B. S	engstack, M.D.	9241 Columbia		Md.
HO. Oge Goge FUN direct	23a BURIAL, CREMAT REMOVAL/Speci		1967 Burtonsville		ocation (city or Town)	(County) (State)
F-F NF	24. FUNERAL DIRECT		ADDDECC _	orgia Aso. REC'D BY REGIST	RAR 2Sb. REGISTRAR'S	SIGNATURE
VR A15 (4) 20 M 1/66	Warner E	Pumphray, In	Silver Spri	# 44 M m t v	23 1967 gc	ianles &



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00931 CERTIFICATE OF DEATH 00931 requires that the death certificate be executed within 24 haurs after death. death. pub 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town completely filled in OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE NO YES Middle DATE 3 NAME OF Doy Year DECEASED (Type or print) OF TSOCK 19 6 DEATH IF UNDER 1 YEAR IF UNDER 24/HRS S SEX in yeors 6. COLOR OR RACE 7. MARRIED hirthdoy) Months Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 100. JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public Schools Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Brigette A. Haney Edward Patrick Duttu 17. INFORMANT Hewitt Avenue (Yes, 19, or unknown) (If yes give wor or dotes of service) 228-03-7647 John M. Hartsock INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p **ENSET AND DEATH** PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate has been this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior ta lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION YES K NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) ot work 2 9 1967, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram well (1), 1967, to 20, 1967, that (1) (we) last saw the deceased glive an 20, 1967, and that death accurred at 300 M, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR PHYS. M.D PHYS. 22d. ADDRESS 22c. PHYSICIAN'S (F NAME (Type) 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23b DATE THEREOF Rockville. Maryland Parklawn Cemetery 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR DATE Pumphrey



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00932 CERTIFICATE OF DEATH 00933 executed within 24 haurs after death. and 2. USUAL RESIDENCE (Where-deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COLINTY and in any event, within 72 hours after MARYLAND b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) ‡ LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) SPRIN filled in 1 n papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM YES and completely fi remave carban NAME OF DATE 4 Month DECEASED (Type or print) DEATH 19 60 IF UNDER 6. COLOR OR PACE AGE (Increors 7. MARRIED DATE OF BIRTH YEAR IF UNDER 24 HRS burthdoy) Months Doys Hours WIDOWED DIVORCED physician and KIND OF BUSINESS OR 100 USUA, OCCUPAT ON (Give kind of work dane during most of working life, even in etired) 10b. 1). BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT requires that the death certificate. Le 13. FATHER'S NAME MOTHER S MAIDEN NAME burial, crematian, ar remaval, WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknowp) (U yes give wor or gores of service) 17 INFORMANI 16 SOCIAL SECURITY NO. Address permit. SAME CAUSE OF DEATH (Enter only one couse per line for #6)/ (b), and (c) INTERVAL BETWEEN the ransit PART I. DEATH WAS CAUSED BY-ONSET AND DEATH signed by 1 burial-trans IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physicion. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying cause the priar to O FUNERAL DIRECTOR: After this certificate has been lost. g PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? use CERTIFICATION be detached for use State Dept. of Health YES 🖂 NO F 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 1B) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. foctory/street, office bldg., etc.) Not While at work at work 21. I certify that (I) (this haspital) attended the deceased fram\_ 19 6 that (1) (we) las shauld director, page 3 shauld should be filed with the and that death accurred at 45 saw the deceased alive an\_ Maram causes and an the date stated above 220. SIGNAJURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS PHYS 22 PHYSICIAN'S 22d. ADDRESS NAME (Type) 2085 23o. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) RIMOVAL (Specify) Juria 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



, 1	Items 18-20 Film 305 2-3-MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESION STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	00933 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00932	
Page 13 to 13 to 13 to 13 to 13 to 13 to 14 to 1	PLACE OF DEATH  o. COUNTY  MONTGOMERY  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odm ssion)  o. STATE  DISTRICT OF COLUMBIA	
ith. If ary detay is ges 1, 2, and 3 to I farm PM3. Page at Department of haurs after death.	b (ITY OR TOWN (if outside corporate limits, write RJRAL and give nearest town)  WILE RURAL and give nearest fown)  L day  WASHINGTON, D. C.	
Dep Dep	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d STREET ADDRESS  e. IS RESIDEN ON A FARA	CÉ 12
ges far afer hau	Washingtonian Motel, Rt. 705,   3143 "O" ST., N.W.	
after death. If a 8. Give Pages 1, along with farm with the State De within 72 hours	3. NAME OF DECEASED (Type or point) FRANK EBERHART HAYNES, JR.  4. DATE Month Doy Year OII JANUARY 19 19 67	
Will offer	MALE CAUC WIDOWED DIVORCED 26 MAY 1931 36 35 VIS	Mın.
24 hours of the 18 ss land 2 hy event	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  100 KIND OF BUSINESS OR INDUSTRY  110 BIRTHPLACE (State or foreign country)  12 (IT ZEN OF WHAT COUNTRY?  COUNTRY?  WASHTNGTON D.C.  13 U.S.	
within 24 pentil in xaminet, s xaminet, s ile pages 1	13 FATHER'S MAIDEN NAME	
d wif	FRANK EBERHART HAYNES  IS WAS DECEASED EVER IN J.S. ARMED FORCES?  (Yes, no, or Jinknown) (Fyes give wor or dotes of service)  TRANCES LARNER CORE  (Wife)  Address	
certificate shauld be executed within writing the ward "pending" in pencil rwarded ta the Chief Medical Examine used as a burial transit permit. File pagiburial, cremation, ar remayal and in a	VES 1 Jun54 - Pres 577 38 7594 Mrs. Cecilia K. W. Haynes, Richmend VA.  18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSE BY  IMMEDIATE CAUSE (b)  DUE TO  Conditions, if ony, which gove nise to immediate couse (c), storing the underlying couse (c)  (c)	EN EN
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NOT	?
INER: This of a certificate, should be far files. 3 should be until priar to the certificate of the certific	200 EXTERNAL CAUSE WAS PR MARY Gr CONTRIBUTING Pr Mary Gr CONTRIBUTING  Took overdose of Seconal and Anytal intentionally	
	20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED Not White of work of work work work of work work with the pm. Jan 1919 67 of work of work work work washin tonian Motel-Jaithersburg Montg.1	Md
DEPUTY MEDICAL EXAM stessary, please execute the funeral director. Page 4 may be retained far yaur FUNERAL DIRECTOR: Page calth ar its designated age	21. I certify that I taok charge of the remains described above, held an Autapsy , Inspection , Inquiry , ond in my op death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined manner .	inia
JTY Me Iry, plea eral dir be reta BAL DIR ar its d	ACTUAL SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 1/22/67 22. DATE SIGNATURE EXAMINER'S DEPUTY MEDICAL EXAMINER X	NED
O DEPUTY necessary, p the funeral 5 may be re 0 FUNERAL Health or it	NAME (Type) JOHN G. BALL, M.D. Address (Street, city, town or county) Montgomery	- 1
10 To # # #	REMOVAL (Specify) Cremation //23/1967 Fort Lincoln Bladensburg, Md.	:1
VR A15ME (5)	W. W. Chambers Co., 1400 Chapin St., N.W.    250. RECD BY REGISTRAR   25b REGISTRAR SIGNATURE	K



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00934 CERTIFICATE OF DEATH 2 death. requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH a COUNTY b. COUNTY event, within 72 hours after MARYLAND CITY OR TOWN (If outside torporate limits CLENGTH OF STAY IN 16 ootside carparate limits, write RURAL and give negrest town) write-RLRAL and give pearest, tawn) physician and completely filled in I en please neodve carban papers. oval, and in on event, within 72 ho IS RESIDENCE ON A FARM? d STREET ADDRESS NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) NO TX 3. NAME OF DECEASED 4. DATE Middle Day Ģirst Month Year OF DEATH 1960 Type or print S SEX AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED M DATE OF BIRTH **NEVER MARRIED** Lost, byrthday) Months Days Hours DIVORCED WIDOWED 12 CITIZEN OF WHAT KIND OF BUSINESS OR 10g USUAL OCCUPATION (Give kind of work done 1.06 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? otician 13 FATHER'S NAME MOTHER'S MAIDEN, NAME crematian, or removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes\_no, or unknown) (If yes give war or dates af service) 7600 Carrol 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN and (c). burial-transit DISET AND DEATH IMMEDIATE CAUSE (o) ρλ DUE TO signed I burial Canditions, if any, which gave (b) rise to immediate couse (a), DUE TO stating the underlying couse as the prior to t Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? 19. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use Health YES 🔀 NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING . OR CONTRIBUTING CAUSE OF DEATH directar, page 3 shauld be detached should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (Stote) 20d INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour o.m. Not While While at wark at work MUN 42M 21. I certify that (1) (this haspital), attended the deceased fram. 1965 19 6% that (1) (we) last and that death accurred at 1:45 M, from causes and on the date stated above saw the deceased alive an 22b. DATE SIGNED® 22a. SIGNATURE ATTENDING M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 10 600 (State) DATE THEREOF LOCATION (City or Town) BURIAL CREMATION. REMOVAL (Specify) 2So, REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE **EUNERAL DIRECTOR** VR A15 (4) 20 M 1/66 DATEAN



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00935 00935 CERTIFICATE OF DEATH low requires that the death certificate be exercised within 24 hours after death. deoth. signed by the attending physicion and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages I and I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE Maryland b. COUNTY Mont gomerv MARYLAND 190MP14 b CITY OR TOWN (If outside corporate limits write RURAL and give noorgst town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) poLesville Poolesville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM?
YES NO within 72 Rural Rura 3 NAME OF Middle 4. DATE Eigst Manth Day Year OF DEATH DECEASED 19 67 (Type ar print) JAN. and in ony event, IF UNDER 1 YEAR IF UNDER 24 HRS S S8X DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Months Days Hours WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT during good of working life, even if retired)

13. FATHER'S NAME COUNTRY? 14. MOTHER'S MAIDEN NAME 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar Linknawn) PaoLesville burial, cremotion, CAUSE OF DEATH (Enter only one couse per line for (a), (b)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or ottending physician. DUE TO Canditians, if any, which gave nse to immediate couse (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been os the lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO TX į 200 ACC DENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a m. factory, street, affice bldg., etc.) While Not While at work 21. I certify that (1) (this hospital) attended the deceased from 5 Jan 19 67, to 16 Jan 1, 1967, that (1) (we) last shauld 1967, and that death occurred at 4 A M, from couses and on the date stated above. saw the deceased alive on. 22a SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR director, page should be filed 22d, ADDRESS should 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) -18-67eesburg Union Cem Buria Leeshurg REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Pumphrey, Bethesda, Md.



,	1 .	L T	OUTSTATE An action of STATISTICS	←¬←◇¬MARYLAND STATE DEPARTMENT OF HEALTH AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	)O1
<u>ر م</u> خو	FOR STANK		00936		00936
(	I within 24 haurs after death If any delay is an pencil in Item 18. Give Pages 1, 2, and 3 ta Examiners Office along with form PM3 Page Hile pages land 2 with the State Department of and in any event within 72 hours after death.	3 5 7 10 4	PLACE OF DEATH O COUNTY  D (ITY OR TOWN (If obtside corporate limits, write RURAL and give nearest from)  d NAME OF HOSPITAL OR INSTITUTION (If not in  NAME OF DECEASED (Type or print)  SEX  6 (CLOR OR RACE  7  7  7  7  7  7  7  7  7  7  7  7  7	HOSPITA 1034 Univ, Blvd, E  Burdele He non Death  MARRIED NEVER MAPRIED 8 DATE OF B RTH PAGE (In years Included)  WIDOWED DIVORCED 11-21-03 63 brithdoy)  TOB K-ND OF BUSINESS OR 21-11 BIRTHPLATE (Stote or foreign country)  12 CIT	e is residence ON A FARM? YES NO Hopey Year 9 19 7
	itate shauld be executed wing the ward "pendine" in placed to the Chell Challed Exa a bund-transit permit. File I, cremation, ar remayal, and	١.	WAS DECEASED EVER IN U.S. APMED FORCES? es, no, or unknown) [III yespyl wor or doles of se YOUR  18. CAUSE OF DEATH (Enter only one couse part 1. DEATH WAS CAUSED BY.  1 MMEDIATE CAUSE (a). Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse [bist.]  (c)	man  Elva Penroc  16 SOCIAL SECURITY NO.  211-07-3190  Savah E, Helman (w.)  per line for (a), (b), and (c))  Acute coronary insufficiency  Coronary artery heart disease	Blod.  S.S.  Md.  INTERVAL BETWEEN  ONSET AND DEATH
	L EXAMINER: This ecute the certificate, Page 4 shauld be from your files R:Page 3 shauld be used ogent, prior to	MEDICAL CERTIFICATION	20a EXTERNAL (AUSE WAS PRIMARY Cor CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT	20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18)    20d INJURY OCCURRED   20e PLACE OF IN. JRY (Hame, form foctory, street, office bidg., etc.)   20f (City or town) (Country of work of wo	19 WAS AUTOPSY PERFORMED? YES NO (Stote)  ond in my opinion  22. DATE SIGNED
	necessary, please ex the funeral director.  S may be retained from to FUNERAL DIRECTO.  Health or its designed.	15	SIGNATURE  EXAMINER'S  NAME (Type) DEL DEN  BURIAL (REMATION, REMOVAI (Specify)  THE DIMERAL DIRECTOR  LIMING COURSE  CONTROL OF THE PROPERTY	DEPUTY MEDICAL EXAMPLER  JAN. 1  DEPUTY MEDICAL EXAMPLER  JAN. 1  ADDRESS  DEPUTY MEDICAL EXAMPLER  ADDRESS  DEPUTY MEDICAL EXAMPLER  JAN. 1  23d LOCATION (City of Town)  Prince Georges Co  ADDRESS  DESCRIPTION OF TOWN  PRINCE GEORGESTRAY  DEPUTY MEDICAL EXAMPLER  DEPUTY ME	



1	00937 CERTIFICATE OF	DEATH
1.	s. COUNT MONT GOMEN MARYLAND . ST	AL RESIDENCE (Where deceased lived, if institution, Residence before admission)  ATE  b. COUNTY  TY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
-	Betherda Mid	REET ADDRESS.  ON A FARM?  YES NO DE
	NAME OF DECEASED (Type or print)  6. COLOR OR RACE   7. MARRIED     8 DATE OF	Last 4. DATE Month Day Year OF DEATH DEATH 30- 1967
10	Whire widowed Divorced Aug. 2	25, 1847 lest birthday) Months Days Hours Min.
d	Housewife — — — Ma	THPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  CY / and  HER'S MAIDEN NAME
15 (Y	WILLIAM R. B. TUT HET  5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA  17. INFORMA  16. SOCIAL SECURITY NO. 17. INFORMA  17. SOCIAL SECURITY NO. 17. INFORMA  18. SO	,
	18. CAUSE OF DEATH [Enter only one cause par line for (e),  b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	W. Henry - Se. I tem #2 Interval between onset and death
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	t liver -
CERTIFICATION		TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO PROPERTY NO PR
		sture of snjury in Part I or Part II of Itam 15.)
MEDICAL		JRY (Homa, farm, 20f. (City or town) (County) (Stata) office bldg., atc.)
	21. I certify that (I) (this hospital) attended the deceased from	/ 22b. DATE
	A. Carlo anthony M.D. PHYS	NDING/ MED STAFF / SIGNED
23	38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMA REMOVAL (Specify)	
	Burial 2-1-1967 Gedar Hill Ceme	

AND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00938 CERTIFICATE OF DEATH 00938 The law requires that the death certificate be executed within 24 haurs after death denth and USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and campletely filled in by the funeral remave carban papers. Pages, I and PLACE OF DEATH o. COUNTMONTgomery o. STATE Virginia b COUNTY Prince William Co MARYLAND c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits, C LENGTH OF STAY IN 1b papers. Pag hin 72 haurs a (Rural) Hetnesda (ruga I Woodbridge d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS 415 E. St., Mayal Hospital, Bethesda, Md. YES NO X 3. NAME OF DECEASED Middle 4 DATE Last Manth Day Year (MMN) HICKS 1963 Doris 1 DEATH January (Type or print) 9. AGE ( n years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED (41 yrs. Months Hours Femade Cauc WIDOWED DIVORCED July 10, 1925 10a USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT please during most of warking life, even if retired)
Housewife INDUSTRY COUNTRY? Home Virginia USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Della O'Dell Thomas G. Martin 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15 WAS DECEASED EVER IN L.S. ARMED FORCES? (Yes, no. ar unknawn) (If yes give war ar dates af service) 228 28 1272 James W. Hicks 415 "E" ST., Woodbridge, burial, crematian, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH S CAUSED BY.

IMMEDIATE CAUSE (a) CARCINOMA OF BREAST, WITH WIDESPREAD METASTASIS PART I. DEATH WAS CAUSED BY. DUE TO Canditions, if any, which gave (b) rise to immediate couse (a), DUE TO stating the underlying couse prior ta TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS ALTOPSY PERFORMED? MEDICAL CERTIFICATION Health YES 👯 NO be retained by the haspital ar 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. Not While factory, street, affice bldg., etc.) TO HOSPITAL OR ATTENDING at wark 21. I certify that XI) (this haspital) attended the deceased fram Dec 30 , 1966, to Jan 1 , 1967, that XI) (we) last sow the deceased alive on January 1 1967, and that death accurred at 100PM, from causes and on the date stoted above. 22g. SIGNATURE 226 DATE SIGNED ATTENDING PHYS. STAFF PHYS. January 2, 1967 director, page 3 should be filed v DIRECTOR MD. 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) Naval Hospital, Bethesda, Maryland E. Ashworth, LT MC USN 23d. LOCATION (City of Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 5 Jan. 67 Arlington National Arlington Virginia Burial 2Sa. REC'D 8Y REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1967 Woodbridge, Virginia Cunningham Mountcastle DATE

X

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00939 00939 death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) ond campletely filled in by the funeral remave carban papers. Pages I and in any event, within 72 hours after deat PLACE OF DEATH o. COUNTY o. STATE **b** COUNTY MARYLAND . The law requires that the death certificate be executed within 24 haurs after gomer c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest/town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Wood Fi YES NO IT 4. DATE physican ond campletely their places remove carban Middle NAME OF First Lost Dov Year DECEASED (NMO DEATH 196 (Type or print) 9. AGE (In/yeors last birthdoy) IF UNDER I YEAR IF UNDER 24 HRS. S SEX D DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Months Days Hours DIVORCED WIDOWED 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? Henry County. eacher 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lillian C. Becker Frank A. Hinkson 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Walnut (Yes, no, or unknown) (If yes give war or dotes of service) Miss Charlotte L. Davis ues INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY burial-transit ONSET AND DEATH signed by IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been as the priartal last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS PERFORMED2 USB YES TO NO Ē 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) 200 ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Not While factory, street, affice bldg , etc.) at work 21. I certify that (I) (this hospital) ottended the deceased fram. 195/2, to\_ 19.67, that (I) (we) lost han, and that death accurred at 322 M, from couses and on the date stated above saw the deceased alive on 1111 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR M.D. PHYS PHYS director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 23d LOCATION (City or Town) 23o. BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Burnal (Specify) Oklahoma Enid. Jan. Enid City Cemetery 1967 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00940 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) dea b. COUNTY o. COLINTY o. STATE MARYLAND b CITY OR TOWN (If outside corporate imits c LENGTH OF STAY IN Lb c LITY OR TOWN (If outside corporate rimits, write RURAL and give nearest town) and completely filled in d NAME OF HOSPITAL OR INSTITUTION (If not up hospital, give street address) d STREET ADDRESS ve carban paper event, within 72 ON A FARMS NO IV YES 3 NAME OF Middle DATE Menth First Dov Year DECEASED 196 Type or pont Home DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED 9. AGE 6 COLOR OR RACE NEVER MARRIED DATE OF BIRTH **видоче** blethday) Months Doys Hours in any WIDOWED DIVORCED 10n USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT please during most of working life, eyen if retired) INDUSTRY Kurraues 13 FATHER 14. MOTHER'S MAIDEN NAME crematian, or remayal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART 1. DEATH WAS CAUSED BY signed by the burial-transit purial-tremati ONSIFT AND DEATH V IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO as the priar tat stoting the underlying couse has been lost. 19 WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) be detached for use State Dept. of Health NO N YES O FUNERAL DIRECTOR: After this certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour o.m. (County) factory, street, office blda, etc.) Not While O HOSPITAL OR ATTENDING 19 6%, to JANI 27 1967 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from JAN. be retained 26 1967, and that death occurred at 9254 M, from causes and on the date stated above. saw the deceased alive an JAN. 22o. SIGNATURE 22b DATE-SIGNED ATTENDING DIRECTOR PHYS. director, page shauld be filed 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) ing David Falls Ch 2So. REC'D BY REGISTRAR 2563 REB STRAR SOSIGNATURE 25M 1/67 and Sons St., NW. Wash. D

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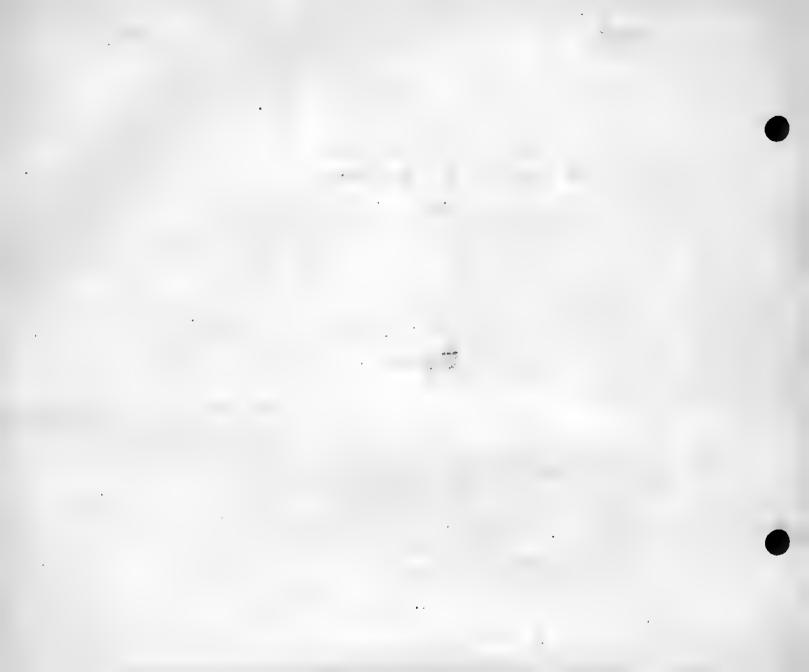
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 00941 2 USUAL RESIDENCE (Where deceased lived, if institution Residence/before admission, I. PLACE OF DEATH o. STATE b COUNTY o COUNTY ond 2 with the Stote Deportment of delay and 3 EXENGIH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (If outside corporate limits, and e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (if not an hospital give street address) ffice along with form YES NO 🔯 Item 18. Give Poges MELICAL EXAMINER: This certificate should be executed within 24 hours ofter death. NAME OF DECEASED DEATH (Type or print) IF UNDER 1 YEAR AGE (in veors IF UNDER 24 HR 6. COLOR OR RACE 7 MARRIED lost birthdov) Months Davs Hours DIVORCED within 72 hours ofter death. WIDOWED KIND OF BUS NESS OR BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working are even if reticed 14. MOPHER'S MAIDEN NAM 13 EATHER'S NAME pencil thm certificate, writing the mord "pending" in penal 4 should be forwarded to the Chief Medical Examin 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, grunknown) (If yes give war or dates of service) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).

PART I DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (o) BINSH AND DEATH burial-tronsit event DUE TO nauma from Auto Accident. in any ( Conditions, if only, which gove " rise to immediate couse (a), DUE TO storing the underlying couse 0.5 be used 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) cremotion, or removal, 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18) 20o EXTERNAL CAUSE WAS 3 should PRIMARY K or CONTR BUTING CAUSE OF DEATH Lost-control of car + Struck Bridge - Abutment -MED CAL 20e. PLACE OF INJURY (Home, form, (City or town). (County) (State) 20c TIME OF INJURY Month, Doy Year foctory, street, office bldg etc.) HIGHWay-495-While Not While of work Bethesch. Montgomery Me may be retained for your FUNERAL DIRECTOR: Page 1967 ■Bo of work L Inquiry X 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X and in my opinion Accident X death resulted from: Notural couses . Suicide . Homicide Undetermined manner the funsial directar CHIEF MEDICAL EXAMINER prior to ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may to FUNER Health g Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23b DATE THEREOF 230 BURIAL CREMATION. Virginia Erlington Columbia Gardens 256 REGISTRAR'S SIGNATURE VR A15ME (5) Falls Ch. Va. 6M 1/67



	DIVISION OF STATISTICAL	MARYLAND STATE DEI L RESEARCH AND RECORDS	, 301 W. PRESTON STREET, I	BALTIMORE 1. MARYLAND
4. le 2. de	00942	CERTIFICATI		00942
certificate be executed within 24 hours after death.  Iding physician and completely filled in by the funeral Then please remove carbon papers. Pages 1, and 2 removal, and in any event, within 72 hours after death.	1. PLACE OF OEATH 2. COUNTY  Mont 90 mer V	MARYLAND	2. USUAL RESIDENCE (Where deceased a. STATE	b. COUNTY Montg.
urs aff n by th Pages ours af	b. CITY OR TOWN of butside corporate i write RURAL and give nearest town)	mits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpora	te limits, write RURAL and give nearest town)
within 24 hours after letely filled in by the from papers. Pages 1, within 72 hours after	Belmont Mursi		d. STREET ADDRESS	6. IS RESIDENCE ON A FARM? YES NO X
completely by carbon property within	3. NAME OF First DECEASED (Type or print)	E. HOWAR	Last 4. DATE DF DEATH	Month Day Year
and comple emove carl any event,	5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED DIVORCED DIVORCED	5/29/1880 8	E (in years   FUNDER 1 YEAR   IF UNDER 24 HRS.   the birthday)   Months   Days   Hours   Min.   Wins   Min.   Min.   Hours   Min.   Min
please I	10a. USUAL OCCUPATION (Give kind of work dor during most of working life, even if retired)  Sewife  13. FATHER'S NAME	10b. KINO OF BUSINESS OR INOUSTRY	Gaither burg	One in Country? 12. CITIZEN OF WHAT COUNTRY?
ne attending physician and con permit. Then please remove tion, or removal, and in any ev	15. WAS DECEASED EVER IN U.S. ARMED FORC	ES? 16 SOCIAL SECURITY NO. 17.	Dinginia INFORMANT 3	Dego Address
あい世	18. CAUSE OF BEATH [Enter only one of	218-12-7767	4 2 5 2 2	UNTERVALABETWEEN
or attending physician. cate has been signed by the ruse as the burial-transit ealth prior to burial, crema	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	my sears.	and Infanci	ion XX
retained by the hospital or attending physician. CTOR: After this certificate has been signed by should be detached for use as the burial-tran vith the State Dept. of Health prior to burial, cre	Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.		2001	(1)
icate has or use as lealth pri	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO OEATH BUT NOT RELA		YES NO A
After this certified be detached for State Dept. of H			RREO. (Enter nature of Injury in Part I	
State Dept.	ZOC. TIME OF INJURY Month, Oay, Yes Hour a.m. p.m. 19	ar 20d. INJURY OCCURRED 20e. PLA While Not While at work at work	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	or town) (County) (State)
should ith the S	21. I certify that (I) (this hospits saw the deceased alive on 22a. SIGNATURE	all attended the deceased from	death occurred a SPM, from the	the causes and on the date stated above
L DIREC	1 1/3	M.D.	ATTENDING MEO. PHYS. DIRECTOR 1 22d. AOORESS	STAFF PHYS. D 1967
Page 4 may be retained  for FUNERAL DIRECTOR: A director, page 3 should should be filed with the	NAME (Type)	EREOF   23c. NAME OF CEMETERY	range	10N (City, town or county) (State)
<b>5 5 6 8</b>	23a. BURIAL, CREMATION, 23b. DATE THI REMOVAL (Specify) Jan, 13	,1967 Howard C	emetery 14	rity, Md.
A15 (4) 1 1/65	Wheet L. Sur	den Rockville,	Md. DATE JAN 16	967 Johanne Judge

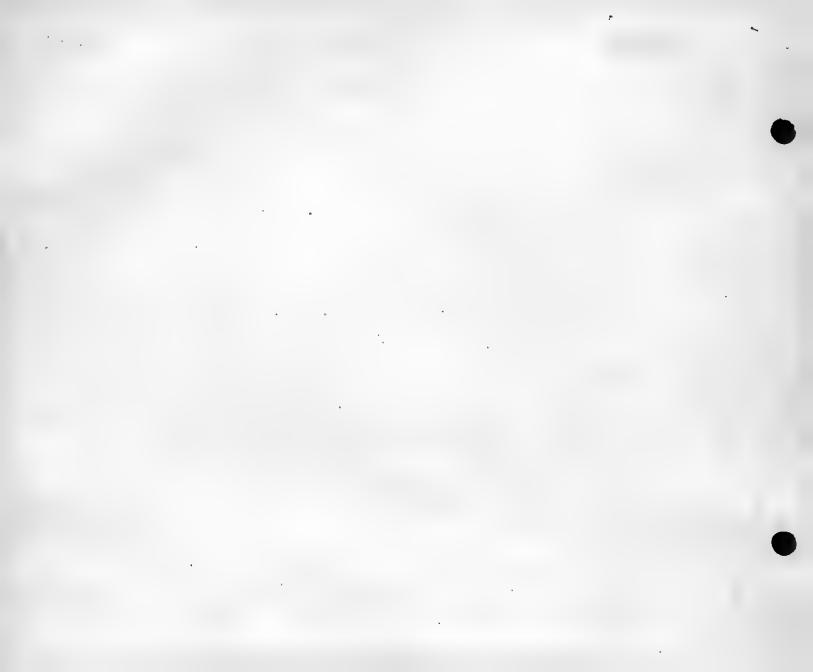


E set	Ttems 18-21 Film 387 3-29MARYLANDOSTATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00943
HEALTH DEPT.	1 PLACE OF DEATH OF COUNTY OF STATE  MARYLAND  2 USUAL RESIDENCE (Where deceased lived, it institution Residence before admission) b county b county b county
in 24 hours ofter deoth. If any delay is cal in Item 18. Give Pages 1, 2, and 3 to iner's Office along with form. PM3. Page ages 1 and 2 with the State Department of its ofter deoth.	b CITY OR JOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR JOWN (If outside corporate limits, write RURAL and give negret town) from the policy of the
h If of J. Sorm form	d NAME OF HOSPITAL OR INSTITUTION (if not in post tal, give street address)  904 Daleview Drive  d'STREET ADDRESS  904 Naleview Or, YES \( \square\) NO FRAM
24 hours ofter deoth In Item 18. Give Pages r's Office along with foil as I and 2 with the State offer deoth	3 NAME OF DECEASED (Type or print) Cecil Love HURLEY DEATH JAN 27 1967
urs ofte n 18. G ce alon d2 with	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARR ED   8 DATE OF SIRTH STATE OF ST
within 24 hours of pencil in Item 18 caminer's Office of pencil and 2 w	100 USUAL DCCUPAT ON (Give kind of wark done dring) most of work of the dring most of work of the dring) most of work of the dring most of the dring most of work of the dring most
be executed within "pending" in pencil and the factor of Medical Examine ansit permits of pencil and within 22 recurs of the factor of the fac	13 FATHER'S NAME  Willie Belle Watts
ecuted ving" in edical Exermises	15 WAS DECEASED EVER IN J S ARMED FORCES?  (Yas no, or Jinkhown)   (If yas give war or dates of service)   16 SOCIAL SECURITY NO 220-34-2581   Kay B. Hurley   904 Daleview Drive   Silver Spring, Maryland
INER: This certificate should be executed within 24 hours ofter death. If a should be forwarded to the Chief Medical Examiner's Office along with form fles.  3 should be used as a burial-transit permits a pages 1 and 2 with the State Deptation, ar removal, and in any event within 22 pages ofter death.	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)  PART I DEATH WAS CAUSED BY  IMMEDIATE (AUSE (a) Asphyxiation due to  9'14 × DUE TO
This certificate should cote, writing the word be forworded to the Cl be used as a burial-tre removal, and in any ev	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost (b) Hanging, self-inflicted  (c)
This certificate of writing the forworded be used as a removal, and	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).
INER: This can certificate, should be for fles.  3 should be was a should be w	PEFFORMED?  YES NO   200 EXTERNA. CAUSE WAS PRIMARY Discontributing CAUSE OF DEATH  Deceased hanged self in basement of home
	20c IIME OF INJURY Month, Day, Yeor 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, foctory, street, affice bidg, etc.) 20f (City or tawn) (Caunly) (Slote) 4 to me 20d INJURY Month, Day, Yeor 4 to the process of
ECAL E. executor. Page ed for CTOR: Pouriol, co	21 I certify that I took charge of the remains described above held on Autopsy (), Inspection (), Inquiry (), and in my opinion death resulted from. Natural causes (), Accident (), Suicide (x), Homicide (), Undetermined manner ()
Y MEDIC pleose al directo retained IL DIREC	ACTUAL SIGNATURE ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
TO DEPUTY MEDICAL EXAN necessory, please execute the funeral director. Page 45 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to buriol, cremo	EXAMINER'S 136 LOEN Address (Street, city town of county)  230 BUR A, CREMATION, 23b DATE THEREOF 23c NAME OF CEMELEPT OR CREMATORY 23d LOCATION (City or Town) (County) (State)
To the	Trans-Burial Jan 31, 1967 Memorial Park Cemetery Oklahoma City, Oklahoma
VR A 15ME (5) 6M 1/67	24 JUREAU DIRECTOR CERTER ("Extentiation of the Surante Surant



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH 00944 CERTIFICATE 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY p. STATE b. COUNTY Marvland Montgomery MARYLAND requires that the death certificate be executed within 24 haurs after c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside conforate timits, C. LENGTH OF STAY IN 16 write RURAL or Glen Echo Heights Glen Echo Heights d NAME OF HUSHIAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? 5302 Waneta Road 5302 Waneta Road YES NO SE 4 DATE 3. NAME OF Manth Day Year DECEASED OF DEATH (Type or print) IE UNDER 1 YEAR IE UNDER 24 HRS S SEX DATE OF BIRTH 9 AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Months Hours Apr. 16.1388 WIDOWED X DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Hazelton, Penna.

14. MOTHER'S MAIDEN NAME Confectioner 13. FATHER'S NAME John Henry Jacobs Clara Baur or rema 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Daug. Same as Item 2. (Yes, na, or unknawn) (If yes give war or dates at service) permit 202-01-1398 Mrs. Jos.McDonald INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter anny one cause per line for (o), (b), and (c) )
PART: DEATH WAS CAUSED BY signed by the burial-transit p ONSET AND DEATH 3et endaryto Bergor IMMEDIATE CAUSE (a). DUE TO Canditians, if any, which gave rise to immediale cause (a). DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES W NO far 20a ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED, (Enternature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Not While factory, street, affice bldg., etc.) at work 21. I certify that (1) (this haspital) attended the deceased fram 12/12, 19/4, ta saw the deceased alive an 12-1966, and that death accurred at M, fram causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. M.D. 22d. **ADDRESS** 22c. PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY Westhayen, Penna (State) 230 BURIAL, CREMATION 23b. DATE THEREOF Bu PEMOVA (Specific ansit Penna. Mountain View Cem. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4)





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00946 / the funeral Pages 1 and 2 is after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission 1. PLACE OF DEATH a. COUNTY/ b COUNTY 7 a. STATE MARYLAND LENGTH OF STAY IN 16 b. CITY OR COWN (It outside corporate/limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURA, and give nearest told filled in IS RESIDENCE ON A FARM? OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS and in any event, within 72 YES NO carban 3 NAME OF Middle 4. DATE Month DECEASED OF DEATH Type or print) 9. AGE ( n years IF UNDER 1 YEAR | IF UNDER 24 HRS B. 6 LOLOR OR RACE 7 MARRIED NEVER MARRIED lest birthday) Manths Doys WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CIT ZEN OF WHAT 11. BIRTHPLACE (County & State or fareign country) 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? ARY /AND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 17 INFORMANT 16. SOCIAL SECURITY NO Address SAME No 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave (b) rise to immediate cause (a), DUE TO stoting the underlying couse director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES -NO 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 1B.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, (City or town) (Caunty) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc ) Hour o.m. Not While at wark ot wark be retained by Lon 1961 to 17 km \_\_\_, 19⁄->\_\_, that (I) (we) last , and that death occurred at \* 3. PM, from causes and an the date stated above. saw the deceased alive an-22b. DATE SIGNED 220. SIGNATURE ATTENDING PHYS. DIRECTOR 22d ADDRESS 22C\_PHYSICIAN'S NAME (Type) フフ 230 BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) ville 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Kockville, Md.



MARYLAND STATE DEPARTMENT OF H. TH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

~ (1			00947		CERTIFIC	ATE OF DEATH		00946
and teath			PLACE OF DEATH	١	C \	2. USUAL RESIDENCE (	Where deceased lived, if institu	ition: Residence before admission)
fun i l d ter c			11	1012000			ngton D.C.	
the ages rs af			b CITY OR TOWN (If our write RURAL and give	tside carparate limits, as nearest tawn)	LENGTH OF STAYIN		tside carparate limits, write RU	URAL and give nearest town)
rs. P		_	A MAME OF HOSPITAL O	a ten til MOLTHITIZMI A	haspital, give street oddress)	d STREET ADDRESS	ngton D.C.	L a IS PESIDENCE
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9 <del>-</del>			DECEASED ( (Type or print)	eleanor	AU	JOHUSTON"	DEATH THOUS	ey 20 10 6
ample ve car event			SEX 6.	1 74	MARRIED NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Hours Min
eme any		1	EM HLE W	VITUIL	/IDOWED DIVORCED   10b, KIND OF BUSINESS OR	□ June 20,	1889 <b>77</b> yrs	12. CITIZEN OF WHAT
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			FATHER'S NAME	TIA		Texas 14. MOTHER'S MAIDEN I	NAME	0 0 0 220
here navo			Juli	us B. Ave	ilhe	Gertru	de Carroll	
ding t. T		1S.	WAS DECEASED EVER IN	U.S. ARMED FORCES? es give war ar dates of sen	16. SOCIAL SECURITY NO.	17. INFORMANT	Addı	ress
attending permit. Than, ar rem					1	Anita-A. D	ovis. 5425.	Conn Ave N F
d by the atter- transit perr			18. CAUSE OF DEATH PART I. DEATH W	AS CAUSED BY:	er line for (a) (b), ond (c)	1/4xans	( and a	INTERVAL BETWEEN
by tran cren			332X	IMMEDIATE CAUSE (a) DUE TO	a w m	n town	7	7 196800
rial- rial,			Conditions, if any, whi	ch gave ) (6)	Cerebral	Contract	ueres in	1 yare
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bee Is th riar t			lost.	) (c) _	IBUTING TO DEATH BUT NOT RELAXE	IN TO THE TENANNIAL BICCASE CO.	IDITION CHEEN IN DADT 1/-)	19 WAS AUTOPSY
certificate has been thed far use as the ot. of Health priar ta	1	NOIL	PAKI II. UIHEK SIGNIFI	97 /	9 1		DITION GIVEN IN FART 1(a)	PERFORMED?
icate ho far use Health	4	CERTIFICATION	20a. ACCIDENT WAS UNI		205. VESCRIBE HOW INJURY OFCU		Part I or Part II of item 18)	10 10 2
ertif red t. of			OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO					
this cert etached Dept. o		MEDICAL	20c. TIME OF INJURY Hour a.m.	Manth, Day, Year		De. PLACE OF INJURY (Home, farm factory, street, affice bldg., etc.)		(County) (Stote)
ter t be d tate		Œ	p.m.	19	atwark 🗀 atwork 🗀	/ /	/	2 10/7/12/10/12/1
<b>J FUNERAL DIRECTOR:</b> After this ce director, page 3 shauld be detache should be filed with the State Dept.			saw the deced		l) gittended the deceased fro	d that death occurred at	9 44 ta 1/20 1:07 M. from causes	that (I) (we) late and an the date stated above
S S S S S S S S S S S S S S S S S S S			220. SIGNATURE	1/ / /	PIAN	ATTENDING	MED STATE	22b. DATE SIGNED
DIRE le 3 ed w			- COV	Und h	cellun	M.D PHYS.	DIRECTOR PHYS.	1/20/67
Pag Pag Se fill	,		22c. PHYSICIAN'S NAME (Type)	E. Stuart	7	22d. ADDRESS 3066 Q	St. N.W.	Washington D.C.
star, eld 1	1	230	BURIAL (REMATION.	23b DATE THEREOI	23c NAME OF CEMETER		23d LOCATION (City or To	
TO FUNERAL DIRECTOR: After this director, page 3 should be detacted should be filed with the State Dep			REMOVAL (Specify)	1/23/67		Cemeters	Fotne	a
VR A15 (4)			. FUNERAL DIRECTOR		ADDRESS		BY REGISTRAR 256 R	REGISTRATE SIGNATURE JUDGE
20 M 1/66	,	J	oseph Gav	Mer's Sol	ns, 5130 Vis.	Ave N. TOATE	JAN 26 1967	The state of the s
				,1 ,		•		

VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.



	1		MAR DIVISION OF STATISTICAL RESE		PARTMENT OF . 301 W. PRESTON		. MARYLAND
	E 7 E		00948		E OF DEATH		00948
hours after death	a a a	1.	PLACE OF DEATH a. COUNTY Montgomery			E (Where deceased lived, If Institution b. COUNTY ct of Columbia	n: Residence before admission
afte	ages 1 a	-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Gaithersburg	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RUI	RAL and give nearest town)
ours	in the	_			Washing	gton	1 10 DECIDENCE
24 h	mers 72	1,	d. NAME OF HOSPITAL OR INSTITUTION (If not in I sbury Methodist Home for		d. STREET AOORESS	Tamama Dand	e. IS RESIDENCE ON A FARM?
	· 英語//	3.	NAME OF First	Middle	Last	alorama Road  4. DATE Month	YES NO X
with	carbo carbo int, w		DECEASED (Type or print) Edward	Howard	Jones	DEATH January	22 19 67.
ertificate be executed within	hysician and completely filled in by the f pleas remove carbon papers. Pages 1 I, and in any event, within 72 hours after	5.	M 6. COLOR OR RACE 7. MARRIED WIDOWEE	METER MARKETED	s. OATE OF BIRTH aug. 13, 1872	last birthday) Month	191
ම ම	an a la l	10a	USUAL OCCUPATION (Give kind of work done 10b. ing most of working life, even if retired)	KIND OF BUSINESS OR		unty & State, or foreign country)   12	CITIZEN OF WHAT COUNTRY?
Q	physician n pleas∎ ı val, and in		Real Estate		,	liam County, Val	U.S.A.
fical	en poval	13	FATHER'S NAME		14. MOTHER'S MAID		
erti	tending ph if. Then or removal	18	George B. Jones . was deceased ever in u.s. armed forces?   16	SOCIAL SECURITY NO.   17.	Flora /	Andrews	
<b>A</b>	ned by the aftending phartransit permit. Then all, cremation, or removal	(Y	s, no, or unkown) (If yes give war or dates of service) 2	20-44-5662 1 1		ist Home, Gaither	shura Md
1	41	<u>ur</u>	Known  18. Cause of Death [Enter only one cause per	- W W W W	//	EGO MOMO, GAZONOI	INTERVAL BETWEEN
at l	by t insit rema		PART I. DEATH WAS CAUSED BY:	Brinch	1 Anueu	moneo.	ONSAR AND DEATH
law requires that the	pussicialism signed by the purial-transit purial, cremati		191X IMMEDIATE CAUSE (a)	<del>, e , i , i , i , i , i , i , i , i , i </del>			
res	sig burish		Conditions, if any, which ) (b)				
requires	been the bi		gave rise to immediate OUE TO				
aw F	has by as the prior	Z.	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH/BUT NOT RELA	TED TOTHE TERMINAL D	ISFASE CONDITION GIVEN IN PART	I(a)   19. WAS AUTOPSY
The law	ficate For use Health	CATI	( le nosalineil	(0300X115	elereze		PERFORMED?
*1 0	# # # # # # # # # # # # # # # # # # #	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO OR MONTE MUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of	Injury in Part 1 or Part 11 of Item	18.)
PHYSICIAN	this letacl Dep	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d.	facto	CE OF INJURY (Home, fa ry, street, office bldg., et		(County) (State)
53	State of	MED	p.m. 19 at wo	rk at work	7/ /10	1/20/10	
ATTENDIN	pe retained IIRECTOR: A ge 3 should ge with the		21. I certify that (I) (this hespital) attended as the deceased alive op 122	1110	death occurred at	to , to , 1	9, that (I) (we) Tas on the date stated above
A E	with the state of		22a. SIGNATURE	of and del		220	DATE SIGNED
28	DIR Biled iled		Henry !!	SUGGETUM:	PHYS.	MED. STAFF DIRECTOR PHYS.	1/22/67
TO HOSPITAL O	rage 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22c. PHYSICIAN'S Dr. Henry C	. Scruggs	22d. ADDRESS	/	
9	Page FU direct shou	23	a. BURIAL, CREMATION, 235. DATE THEREOF REMOVAL (Specify)	23c. NAME OF GEMETER	OR CREMATORY	23d. LOCATION (City, town or	r county) (State)
1	2 "		Burial 1_24_67	Rock Cree		Vashington D	C RAR'S SIGNATURE
Vo	R A15 (4)	24	Fruest Cotartur		1	AN 25 1967 PCL	carley Judge
	M 4-64	_	Frnest C Gartner Gai	thersburg Md.	DATE		1 1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00949 00943 CERTIFICATE OF DEATH ond 2 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before agmission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) MARYLAND Montgouerr c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) Adelphi Takoma Park icolocolococoalcolocoloc completely filled in ove carbon papers. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 8501 71th Avenue YES NO DO Washington Sanitarium and Hospital 3. NAME OF Middle Lost 4 DATE William Month DECEASED (Type or print) DEATH Howard Jones January 18 S. SEX 6. COLOR OR RACE 9. AGE (In years TFUNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED 8. DATE OF BIRTH **NEVER MARRIED** th comp lost hirthdoy) White ∵alle WIDOWED DIVORCED physician entre 10a USUAL OCCUPATION (Give kind of work done TOB. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT u.S. during most of working life, eyep if retired)
Botovoc Lithographer INDUSTRY COUNTRY? District Lithograth Co. Virginia America d by the attending physic tronsit permit. Then ple cremation, or removal, a 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Wilhelmina Griebel Charles E. Jones IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Jones (Yes, no, or unknown) (If yes give wor or dates of service) 9-26-8150 Padásaádaca adaadaca 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) INTERVAL BETWEEN signed by the buriol-transit p buriol, crematic ONSET AND DEATH PART I. DEATH WAS CAUSED BY nalin months IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying cause be detached for use as the State Dept. of Health prior to (c) WAS AUTOPS PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES -NO. O FUNERAL DIRECTOR: After this certificate 20o ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, (City or town) 20d INJURY OCCURRED (County) (Stote) Hour 'o.m. foctory, street, office bldg., etc.) Not While ATTENDING ot wark at work Gac 19 67 that (1) (We) lost 21. I certify that (I) (this hospital) attended the deceased from 10/2-5 19 6 La ta 1960 2 and that death accurred at 12 13 AM, from causes and on the date stated above. saw the deceased give an . 220. SIGNAPURE 22b. DATE SIGNED ATTENDING M.D DIRECTOR PHYS. oge 3 filed PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, pog should be fil NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BJRIAL, CREMATION, (County) REMOVAL (Specify) 1967 Arlington National Cem. Arlington, Va. 2So. REC'D BY REGISTRAR REGISTRAR S. SIGNATURE Milianles Silver Spring. 25M 1/67 MODATE



1 /		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		00950 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
of ge		a. COUNTY 77 - TERPORTEREL MARYLAND O. STATE THE B. COUNTY MARYLAND
delay is and 3 to M3 Page		CITY OR TOWN (If outside carparate limits, / LENGTH OF STAY IN 16 C. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 15-1
P M3 P M3 ord		without the first and give new town day 24 days of the Cille 1001 E. Mont. Ave.
Dep 2		d NAME OF HOSPITAL OR HISTITUTION (If pot in haspital give street address) d STREEL ADDRESS Court House Square Appetit RESIDENCE
form form	L	2. a beer bace 1 Tigit 1999 1944 Kig/1941 1/44 1/185 □ 10 ×
hin 24 hours after death 1f any delay and 3 hours after death 12, and 3 hiner Office along with form PM3 Papages I and 2 with the State Department urs after death		NAME OF First Middle Last 4. DATE Worth From Year DECEASED OF
o Sive		(Type or print) VIV CLITICO 18 11 DEATH of Euro, 5/ 196/
afft along the state of the sta	2	last bigliday) Manths Doys Hours Min.
ours ond 2	10c	SUIAL DCCUPATION Give kind of Grit done 10h KIND OF BUSINESS OR 11/2 BIRTHPLACE (State or foreign country) / 12 CITIZEN OF WHAT
de la company	qnı	ng most of working life even if retired) 27 INDUSTRY / 17 (QLNJRY?
s at s	13	FATHER'S NAME 11. 1 14. MOTHER'S MAIDEN MANE
executed within 24 hours anding" in percul were 18 Medical Exorniner Office of permit file pages lond 2 verthin 72 hours after death	5	Tranklety H. Kartis. Hornie Laura Dec drow
ed v	15	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, ar unknown) (If yes give war or dates of service)  16. SOCIAL SECURITY NO  17. INFORMANT  2. Address  16. SOCIAL SECURITY NO  17. INFORMANT  2. Address  18. Total Security NO  17. INFORMANT  2. Address  18. Total Security NO  18. SOCIAL SECURITY NO  19. INFORMANT  2. Total Security NO  2. Total Secu
ing" ing" idica		11/15. W.K. Jurned Beckert made
shauld be executed within the word "pending" in pegalo the Chief Medical Exortunation of the permit file por nony event within 72 hours		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  PART II. DEATH WAS CAUSED BY:  PART III. DEATH WAS CAUSED BY:  PART I
ld be e rd "per Chief I transit event v		, MMEDIATE (AUSE (0)
auld worn the the		Conditions, fory, which gove ) DUE TO Chronia schusbristive reginardation 4ears
to the pur		rise ta immediate cause (a), (III)
ficote shau ing the wo rded to the os o buriol		stating the underlying couse (c)
s certificate should b, writing the word forworded to the Cl Lsed as a burial-fra loval, and in any ev	NO	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19 WAS AUTOPSY PERFORMED?
for how	AT 0	YES [] NO [
INER: This e certificate, should be for fles. 3 should be used into or removing the contraction of the contraction of the contraction.	CERTIFICAT	20b DESCRIBE HOW INJURY OCCLURED (Enter nature of injury in Part Large 18)
INER: 1 e certific should k fles. 3 should rian, or r		CAJSE OF DEATH
	MEDICAL	20c TIME OF NJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, pm // 1/6 1967 While at wark a
MEDICAL EXA pleose execute director. Page etonned for you DIRECTOR: Poge r to buriol, crem	2	
Se executor. Per		21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and in my opinion death resulted from. Natural causes , Accident X, Suicide , Hamicide , Undetermined monner
MEDICA Neose ex director. eforned DIRECTO		CHIEF MEDICAL EXAMINER
JTY MEINY, pleoserol director prior to		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAM NER [ 22. DATE SIGNED
UTY Ory, Be be price		EXAMINER'S DEPUTY MEDICAL EXAMINER X 7-26.1; 196.7.
O DEPUTY MENTAL EXAM necessory, please execute the the funeral director. Page 4 5 may be retained for your 5 EUNERAL DIRECTOR: Page Health prior to burnal, cremo		NAME (Type) Address (Street, city, town, or county)
necesso the fun 5 moy 70 FUNE Heolth	230	BURIAL CREMATON, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State)  ROME VALUE OF COUNTY (County) (State)  ROCKVILLE, Maryland
	2	
VR A15ME (5)	1	FUNERAL DIRECTOR yson wheeler 1361 Rockville Pike 250. REC'D BY REGISTRAR 250. REGISTRAR 250. REGISTRAR 250. REGISTRAR 250. REC'D BY REG'D

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



1	I to	ems 13%21 Film 30 Division of STATI		MARYLAND STATE DE ARCH AND RECORDS, 30			ND 21201
FOR STATE		00952	MED	ICAL EXAMINER'S	CERTIFICATE OF	DEATH	00952
HEALTH DEPT		PLACE OF DEATH  COUNTY Montgomery	7	MARYLAND	2 USUAL RESIDENCE (WHO STATE Maryl	ere deceosed lived, if institution and b count	Residence before odmission) Montgomery
Ty delay is 2, and 3 to PM3 Page nartmint at the filter delay is t		b CTY OR TOWN (If outside carparate lim	nits. Md	c LENGTH OF STAY IN 16 2 hours		ide carparate I m ts, write RURA	L ond give nearest town)
6.5 P 2.3	-	d name of hospital or institution (if Holy Cross Hosp	not in haspita, g	jive street address)	Kensingt d STREET ADDRESS 10713 Sh	on aftsbury St	e IS RES DENCE ON A FARM? YES NO
hours ofter death I Item 18. Give Pages Office along with for and 2 with the State event within 72 hou		OFCEASED (Type or print) JOHN R	fist Richmon		Kenner	DCAIN	uary 8, 19 67
rs offer of 18. Give e along v	1	sex 6 color or race male col	7 MARRIED WIDOWED	NEVER MARRIED SEPOIVORCED	8 DATE OF BIRTH 6-6-17	9 AGE (In years lost birthday)  2 9 yrs	F UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
24 hours in Item 18 ir's Office es Land 2 v	G'	US JAL OCCUPATION (Give kind of work don ing most of working life, even if retired)		ND OF BUS NESS OR DUSTRY	11 BIRTHPLACE (State or	alina	12 CITIZEN OF WHAT
within pencil xam ne	13	thek Ken	ner		14 MOSHER'S MALDEN NA	Smith	
be executed within "pending" in pencil idef Medicol Exam ne ansit permit. Ele ragor removal, and an executed within the ragor removal, and an executed within the ragor removal.	15 (Ye	was deceased ever IN U.S. ARMED FORCES as, no, or unknown) (If yes give wor or date:	s of service)	\	m Wyst	- Kenner	3916 mufferd st
INER: This certificate should be executed within 24 hours offer death 1f of e certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files.  3 should be used as a burial-transit permit. File and 2 with the State Denti, prior to burial, cremotian, or removal, and any event within 72 hours.		Conditions, flony, which gove	JE TO Acu	te coronary	occlusion, 1	eft	INTERVAL <sup>®</sup> BETWEEN ONSET AND DEATH
ificote tring th urded to l os a t		stoting the underlying couse   DC	JE TO		eroseptal re		
his certifice ofe, writing of forwarde be used os to buriol, o	CATION	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	TION & VEN N PART I(0)	19 WAS ALTOPSY PERFORMED? YES NO
INER: This e certificate, should be for files. 3 should be to many prior to	AL CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH		SCRIBE HOW INJURY OCCURRED			
L EXAMINER: ecute the cert Page 4 should or your files. R:Page 3 shou	MEDICAL	20c TIME OF INJURY Month, Day, Year Hour aim p.m 19	9 While at work	Not While foot	CE OF INJURY (Home, farm, lary, street, office bldg , etc.)	20f (City or town)	(County) (State)
x × × × × × × × × × × × × × × × × × × ×		21. I certify that I took chard death resulted from: Nata	ge of the ren Iral couses 🗵		ide 🔲, Hamicide [	, Undetermined man	y X and in my opinian
DEPUTY MEDICAL STREET OF THE PROPERTY, please e funerol director moy be retoined FUNERAL DIRECTION (FUNERAL DIRECTION OF Its design)		ACTUAL SIGNATURE SIGNATURE	enlis	1 pags	M.D ASSISTANT MEDIC	AL EXAMINER	22. DATE SIGNED
necessary, the funeral 5 may be roof Funeral Health or it	220	EXAMINER: 13 ELDE  BURIAL, CREMAT ON, 23b DATE T	N.K.	1 23c NAME OF CEMETRY OF	Address Winds	23d LOCATION (City or Town	W. 8, 1967
TO D nece the 5 m TO FU Hed	_	TRANSSIT	PICKEUF			Teuslen	. S.C.
VR A15ME (5) 6M 1/66	14	HONERAL DIRECTOR	ronde	address)	DATE JA	N I 6 1967 REGI	Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 00953 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY P.M.3. Page b. COUNTY 3 to MARYLAND delay with the Stote Deportment b CITY OR TOWN (If outside corporate mits) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest/town) write RURAL gad give nearest town 10 min d. NAME DF HOSPITAL DR INSTITUT DN (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Office along with farm 8. Give Pages aurs after death. 3 NAME OF Middle DATE DECEASED OF ILTON (Type or pnnt) DEATH S. SEX 6. COLOR DR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR 7. MARRIED last birthday) Hours WIDOWED DIVORCED after death 100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Examiner's RUCK D CACKA pages 13. FATHER'S NAME MOTHER'S MAIDEN NAME hours ( IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address e certificate, writing the ward "pending" shauld be farwarded to the Chief Medical (Yes, no, or unknown) (If yes give wor or dates of service) Th's certificate shauld be execute within 2231 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c) ) burial-transit PART I. DEATH WAS CAUSED BY: event IMMED ATE CAUSE (a) DUE TO ony Cardio Voscular Disease. car's Conditions, if ony, which gove rise to immediate couse (a). \_⊆ DUE TD stating the underlying cause 0 pup SD 19 WAS AUTOPSY PERFORMED? remayal, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 200 EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter noture of injury in Part or Port II of item IB ) 3 shauld PRIMARY CONTRIBUTING CAUSE OF DEATH. crematian, MEDICAL 20d. INJURY OCCURRED 20e, PLACE OF NJURY (Home, form 20c TIME OF INJURY Month, Dov. Year (City or town) (Stote) (County) Hour o.m. Not While foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page at work ot work 21. I certify that I took charge of the remons described above, held an Autopsy [ Inspection | Inquiry ond in my opinian funeral director. Natural causes death resulted fram. Suicide Accident Hamicide Undetermined manner **ACTUAL** 5 may be retr TO FUNERAL DI Health priar t 22. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAM NER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) ihe. 230 BURIAL, CREMATION DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (0) roye 250. REC'D BY REGISTRAN VR A75ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00954 CERTIFICATE OF DEATH deathy ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral 1, and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY b. COUNTY ease remove carbon papers. Pages 1, and in any event, within 72 hours after MARYLAND c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town b CITY OR TOWN (If outlide corporate amits c. LENGTH OF STAY IN 1b in by 21. days MASCUS INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled NURSINU NO X NAME OF Year DECEASED moNA OF DEATH ANUAR (Type or pnnt) 1967 6. COLOR OR RACE 7. MARR-ED AGE (In years lost birthday) NEVER MARRIED DATE OF BIRTH Months Hours White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR A2. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ellen 16. SOCIAL SECURITY NO. NFORMANT (Yes no, or unknown) (If yes give wor or dotes of service NONE burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (t) )
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (o) DUE TO stating the underlying couse director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health prior to 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 15 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour om. foctory, street, office bldg., etc.) Nat While O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. , 1967, that (I) (we) las and that death accurred at 22 6 M, from causes and on the date stated above saw the deceased alive an\_ 220 SIGNATURE 22b. DATE SIGNED ATTENDING - 4. 1967 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S M. McKendree Boyer NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. REMOVAL (Specify) 1967 Clarksburg Meth. Jan. 4. Clarksburg. 24 FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) ( 20 M 1/66 Olin L. Molesworth. Damascus, Md. DATE



AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence bafore admiss on) a. COUNTY a. STATE b. COUNTY Montgomery Montaomery MARYLAND b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) Silver uears d. NAME OF HOSPITAT OR INSTITUTION (if not in hosp tat, give street eddress) d. STREET ADDRESS e. IS RES DENCE ON A FARM? State Draper Lane YES NO KOK Draper 329 J. NAME OF Middla 4. DATE Year DECEASED OF (Type or print) Bord 19 67 anuary B. DATE OF BIRTH AGE (In years MF UNDER 1 YEAR I 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. last birthday) Months Days Male lanuary 18.1893 WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Xaminer USA 9 o wa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME losiah 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. Address Draper (Yes, no, or unkown) ( (Ifyes give wer or detas of service) CAUSE OF DEATH [Entar only one cause per line for (e). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which geva rise to immediate cause DUE TO (a), stating the undarlying causa lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,8) 19, WAS AUTOPSY CERTIFICATION PERFORMER? TO 20b. DESCRIBE HOW INJURY OCCURED. (Entar netura of injury in Part II or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) factory, street, office bldg., atc.) Whila Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion RECT Natural causes death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED be fo SIGNATURE EXAMINER'S FUNE NAME (Typa) 22a. BURIAL, CREMAT ON | 22b. DATE THEREO 22d. LOCATION (City, town, or country) (Stata) Shell Lake. Wisconsin 0 40 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00955 be executed within 24 haurs after death and campletely filled in by the funeral remove carban papers. Pages 1 and USUAL RESIDENCE (Where deceosed lived, if institution- Residence PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Montgomery Virginia MARYLAND b. (ITY OR TOWN (if outside corporate mits, wate RURAL and give pearest tawa).

Bethesda (rural) c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 6 hrs 35 min Alexandria IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Naval Hospital 722 4-Mile Road YES NO SC 3. NAME OF Middle 4. DATE Month Doy Year First Last (Type or print) David Allen KLEMM 19 67 January 1.7 DEATH 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hgers Male Jan. 11, 1967 Cauc. DIVORCED WIDOWED 10o USBAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even ( setired) COUNTRY? INDUSTRY N/A Bethesda, Montgomery, Md. The law requires that the death certificate USA 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Frank L. Klemm, Jr. Margaret Ann Senyo IS WAS DECEASED EVER IN U.S ARMED FORCES? 17. INFORMANT Newton Falls Address 16. SOCIAL SECURITY NO. Ohio (Yes, no, or unknown) (If yes give wor or dotes of service) N/A Frank L. Klemm, Jr., 402 Arlington, Road 18. CAUSE OF DEATH (Enter only one couse per une for (a), (b), ond (c))
PART I. DEATH WAS CAUSED BY: Subarachnoid hemorrhage INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o). 1600 DUE TO Canditians, if ony, which gove rise to immediate cause (o), DHE TO stoting the underlying cause TO FUNERAL DIRECTOR: After this certificate has been the for use as PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION YES TE NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, foctory, street, office bldg , etc.) Hour o.m. Nat While of work ot wark 21. I certify that (1) (this haspital) attended the deceased from Jan. 11 , 19 67, ta Jan. 11 , 19 67 that (1) (we) last Page 4 may be retained saw the deceased alive an Jan. 11 19 67, and that death accurred at 735AM, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. STAFF PHYS. DIRECTOR . 図 13 Jan. 1967 M.D Naval Hospital, Bethesda, Md. 22c. PHYSICIAN'S NAME (Type) Jerry J. Tomasovic, M. D. director, should b 23d LOCATION (Gity or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 230 BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) Arlington National 2Sa. REC'D BY REGISTRAR 2Sb. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home VR A15 (4) 20 M 1/66 DATEAN Wisconsin Ave., Bethesda, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00957 PHYSICIAN: The law requires that the deaths intificate be executed within 24 haurs after death physician and campletely filled in by the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission), Montgomery o. COUNTY MARYLAND b. CITY OR TOWN (If outside carparate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town) vears Washington Wheaton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) N.W. Wheaton Nursing Home YES NO 🔀 3 NAME OF remave carban DATE DECEASED (Type or print) 18, Jan. DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH **NEVER MARRIED** Nov. 30,1877 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even diretired)
HOUSEWIFE INDUSTRY COUNTRY? Washington, D. C. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME John W. Thompson Lunetta F. St. John IS WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Washington, DC (Yes, no, or unknown) (If yes give wor or dotes of service None Dorothy Thompson INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (o), **DUE TO** stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 205, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Part II of item 18.) 200 ACC DENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. 1946, tailan 21. I certify that (I) (this hospital) attended the deceosed from 1967, and that death occurred at 430 p.M, fram causes and an the date stated above. saw the deceased olive on Jan 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) directar, 23b. DATE THEREOF 230. BURIAL CREMATION. REMOVAL (Specify) Washington Rock Creek Cemetery 1-21-67 REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Pumphrey, Bethesda, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00958 CERTIFICATE OF DEATH 00958 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PONTGOMER MARYLAND c LENGTH OF STAY IN 16 autside carparate limits, write RURAL and give nearest tawn OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NAME OF Roswall DATE Dov Year DECEASED OF DEATH 10 AGE (In years IF UNDER 1 YEAR 7. MARRIED lost birthday) Manths Dovs Haurs WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT (County & State or foreign country) during mast of working life, even if retired) **INDUSTRY** 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT & 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dates of service CAUSE OF DEATH (Enter only one couse per line for and (c).) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave (6) rise ta immediate cause (a), DUE TO stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO / 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 181) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hauria.m. factory, street, office bldg., etc.) at work at work 1967, that (i) (we) last 21. I certify that (1) (this haspital) attended the deceased from Bo M, fram causes and an the date stated above. and that death accufred at 7 saw the deceased alive on. O FUNERAL DIRECTOR: 22a. SIGNATURE 22b DATE SIGNED ATTENDING PHYS. DIRECTOR M.D. 22d. ADPRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) direct 23g BUR AL CREMATION Silver Spring, Maryland Gate of Heaven Cemetery



MARTLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH 00959 signed by the ottending physician and completely filled in by the funeral buriol-transit permit. Then please remove carbon papers. Pages I and 2 buriol, cremation, or removal, and in any event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH COUNTY a. STATE b. COUNTY b. CITY OR TOWN (If ourside carporate limits, write RURAL and give nearest town) MARYLAND Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Silver Spring Takoma Park e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS YES | NO 💢 626 Bennington Washington Sanitarium and Moscital 3 NAME OF Middle 4 DATE Month Year DECEASED DEATH (Type or print) ปลาบอาก IF UNDER 1 YEAR IF UNDER 24 HRS AGE ( n years S SEX DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Manths last birthday) Days Haurs WIDOWED DIVORCED \_7 1,\_87 70 White 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Dodge Manager OAD. naland 13. FATHER'S NAME TO 14. MOTHER'S MAIDEN NAME Knowles Mary Greenhaugh 626 Bennington Drive 17 INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates of service) Gertrude Knowles 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave (b) rise to immediate cause (a). DUF TO stating the underlying couse this certificate has been State Dept. of Heolth prior to WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o.m. Nat While While at work at wark FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from director, page 3 should should be filed with the M, fram causes and an the date stated abave. 19/127 and that death occurred at saw the deceased alive an. 22b. DATE SIGNED 220 SIGNATURE MEO. DIRECTOR ATTENDING 22d ADDRESS 22c. PHYSICIAN S NAME (Type) 1015 Spring St., Silver Spring, bseph Bloom 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Caunty) (Stone) 23a BURIAL CREMATION Burial (Specify) Parklawn Cemetery Maryland

2Sb. REGISTRAR'S SIGNATURE

2Sq REC'D BY REGISTRAR

DATE

24 FUNERAL OIRECTOR

be retoined by the hospitol or attending

fificate be executed within 24 hours after



7 1 (XA)	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	90960 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0096	30
HEALTH DEIT.	1 PLACE OF DEATH  2. USUAL RESIDENCE (Where deceosed lived, it is that on Residence before odd of COUNTY)  2. USUAL RESIDENCE (Where deceosed lived, it is that on Residence before odd of COUNTY)	mission)
y delay is 7, and 3 to PM3. Page ourtment af	b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town	vn)
PM3.	Takona Park D.O.H. Jeashington 4.	35
De ris co	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESSY ( St. N. W. YES)	RESIDENCE A FARM?
fer death. Il Give Pages ong with for th the Stote	3 NAME OF First , Middle Lost 4 DATE - Month Doy	Yeor
after death.  Give Page along with the Stot within 72 ho	DECEASED (Type or print)  S SEX 6 COLOR OR RACE 7 MARRIED NEVER MADRIED TO 8 DATE OF BIRTH  9. AGE (In years F JADER ) YEAR DETERMINED TO 18 DATE OF BIRTH  9. AGE (In years F JADER ) YEAR DETERMINED TO 18 DATE OF BIRTH  19. AGE (In years F JADER ) YEAR DETERMINED TO 18 DATE OF BIRTH  19. AGE (In years F JADER ) YEAR DETERMINED TO 18 DATE OF BIRTH  19. AGE (In years F JADER ) YEAR DETERMINED TO 18 DATE OF BIRTH  19. AGE (In years F JADER ) YEAR DETERMINED TO 18 DATE OF BIRTH  19. AGE (IN years F JADER ) YEAR DETERMINED TO 18 DATE OF BIRTH  19. AGE (IN years F JADER ) YEAR DETERMINED TO 18 DATE OF BIRTH  19. AGE (IN YEAR) YEAR DETERMINED TO 18 DATE OF BIRTH  19. AG	19 67
× × ×	A COLO AN INVESTIGATION OF STATE OF STA	ours Min.
This certificate should be executed within 24 harm, tote, writing the word "pending" in pencil in liferal be forwarded to the Chief Medical Examiner's Office is be used as a burial-fronsit permit file pages I and 2 in the burial, cremation, or removal, and in any event	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WH.	AT
hin 24 number's Charles of pogges 1 in ony	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME	H
be executed within "pending" in pencil iief Medicol Examine onsit permit File page or removol, and in a	Wm. H. KNOX, Sr FLORENCE Smith	
itted in tool Extra oil, on	15 WAS DECEASED EVER IN 0 S ARMED FORCES?  16 SOCIAL SECURITY NO 17 INFORMANT Address  (Yes, no, grunknown) (If yes give wor or doles of service)	00:0
be executed "pending" in hief Medicol onsit permit or removol.		BETWEEN
be in the hief	IMMEDIATE CAUSE (0) Multiple extreme injuries with	ND DEATH
should be e te word "per to the Chief I burial-fronsit mation, or re	Conditions, if ony, which gove ) DUE TO (b) exsanguination incurred in auto-motorcycle	
ote should ig the word ed to the Ch	rise to immediate couse (o).  stating the underlying couse DUE TO COllision	
certificate should, writing the word arwarded to the Classed os a burial-traburial, cremation,	lost.   (c)     PART II OTHER SIGN-FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   19 WAS	AUTOPSY
This certificate should tote, writing the word be farwarded to the Ch be used as a burial-troop to burial, cremation,	PER	ORMED?
44 <u>29 0</u>	200. EXTERNAL CAUSE WAS  20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18)  PRIMARY JO OF CONTRIBUTING II  CAUSE OF BEAUTIFUL IN COLUMN FROM BUILD IN COLUMN F	
MEDICAL EXAMINER: Toleose execute the certifical director. Poge 4 should be etained for your files.  DIRECTOR: Poge 3 should s designated ogent, prior	20c TIME OF th JURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County)	(Stote)
	12:15 + 1-14 1967 While of work of work of Street Hyattsville Pr.Geo.	Md.
AL EXA Excute Tr. Poge for you OR: Pog	21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry , and in death resulted from Natural causes . Accident . Suicide . Homicide . Undetermined manner	my opinian
pleose execute the director. Page 4 retained for your L DIRECTOR: Page its designated age	CHIEF MEDICAL EXAMINER	
	SIGNATURE ASSISTANT MEDICAL EXAMINER L	DATE SIGNED
ro DEPUTY I necessary, pl the funerol of 5 may be re 6 FUNERAL I Health or its	NAME (Type) / JELDEN K, KEAP MID. Knowns Fined-Kirf token, or country)	6/
necenthe the Fig. 1	230 BURIAL REMANDED 23b DATE THEREOF 23c, NAME OF CEMETERY OF CREMATORY 23d 10CATION (City or Town) (County)	(Stote)
VR ATSME (5)	24 FUNERAL DIRECTOR ADDRESS BAPY THAT 250 REC D BY REG STRAR 256. REGISTRAR'S SIGNATURE	udge
6M 1/66	Cerlington Phellips 1727 n. Monrae St. DATE JAN 20 1967	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00961 CERTIFICATE OF DEATH 00961 13 deoth. requires that the deoth certificate be executed within 24 hours after deoth campletely filled in by the funeral serious carbon papers. Pages 1 and ony event, within 72 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE COUNTY b. CITY OR TOWN (If autside carparate limits, MARYLAND Maryland Montgomery c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 write RURAL and give nearest tawn) Chevy Chase
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Chevy Chase d STREET ADDRESS IS RESIDENCE ON A FARM? 5636 Western 5636 Western YES 🗍 NO X 3 NAME OF Middle 4 DATE Month Doy Year DECEASED Jules (Type or print) Gilmer Körner Jr. Jan. DEATH 1967 S SEX 9. AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. last\_birthday) Manths Days Haurs and in ony July 24,1888 WIDOWED DIVORCED Cauc. the attending physical and sit permit. Then please tem 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Kernersville, N.C. Attorney 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME or removol, Jules Gilmer Körner Polly Alice Masten 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Chevy Chase . Md . permit. (Yes, no, or unknown) (If yes give wor or dates af service) Jules G. Körner III 3302 Rolling Rd ves cremation, IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH buriol-tronsit IMMEDIATE CAUSE (o) signed by DHE TO burial Conditions, if any, which gave rise to immediate couse (a). DUE TO for use as the b f Heolth prior to b Page 4 may be retained by the hospital or attending stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) State Dept. of Health YES -NO 20o ACCIDENT WAS UNDERLYING □ 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour om factory, street, office bldg. etc.) Nat While at work at work , 19 6, to the m. 11, 1967, that (1) (we) last 3 should 19 4 7, and that death accurred at 2 P. M. from causes and an the date stated above. saw the deceased alive an 22a SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 should be filed v M.D PHYS. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Clifton R Gruver 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
Burial Cemetery Church REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2Sa REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Joseph Gaulers Sons 5130 Misc. ave Wash DigATE



1 7		DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	00962 MEDICAL EXAMINER	S CERTIFICATE OF DEATH 00962
HEALTH DEELT	I PLACE OF DEATH  O COUNTY  MONTGOMERY  MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o STATE MARYLAND HOWARD
f any delay is 1, 2, and 3 to m.m. PM3. Regment of rs after death.	b CITY OR TOWN (Foutside corporate limits c LENGTH DF STAY IN 16 write RURAL and give nearest town)  BRINKLOW  D	CCITY OR TOWN ( F outside corporate limits, write RURAL and give nearest town)  BRINKLOW
arm arms e De	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d street address  RT#650  e is residence On a farm? yes \ no
within 24 haurs after death. If a peacil in Item 18. Give Pages 1, peacil in Item 18. Give Pages 1, peacil in Germ 18. Give Pages 1, peacil in any event within 72 haurs and in any event within 72 haurs in any event with	3 NAME OF First Middle DECEASED (Type or print) DECEASED	KOSH JAK JAK 6 Doy Year 1967
rs after 18. Gir se along 12 with nt withi	S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DAIE OF BIRTH  Sept. 6, 1885
24 haurs in Item 11 r's Office es 1 and 2 a	100. USUAL OCCUPATION (Give kind of work done during most of working life, eyen (featired)  10b. KIND OF BUSINESS OR INDUSTRY 10b. KIND OF BUSINESS OR INDUSTRY 10c. INDUSTRY	11. BIRTHPLACE (Stote or foreign country)  12. CTIZEN OF WHAT  PUNTRY? A.
within 24 Peach in 1 Peach in 1 File pages 1 and in any	James Kosh	14. MOTHER'S MAIDEN NAME Rachel Tyler
TO -2	(Yes, no, or unknown) ((If yes give wor or dates of service)	FICER EMIL A. LEJNAR, MTGMY CTY. POLICE
icate should be e ing the word "per ded to the Chief I as a bural-transit I, crematian, ar re	IB. CAUSE OF DEATH (Enter only one couse per ine for (o), (b), ond (c))  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o) Acute myocardis  DUE TO  Conditions, if only, which gove use to immediate couse (o), stoting the underlying couse lost  OUE TO  (c)	al thrombosis with infarction ONSET AND DEATH
is certifice, writh farware e used a buria	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19 WAS AUTOPSY PERFORMED? YES NO
necessary, please execute the certificate, the funeral director. Page 4 shauld be fis may be retained for your files.  TO FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to	PRIMARY OF CONTRIBUTING	D (Enter nature of injury in Port I or Port II of item 1B.)
AL EXAMINER: execute the certion. Page 4 shauld for your files. FOR: Page 3 should nated agent, pri		PLACE DF INJURY (Home, form, octory, street, affice bldg , etc.) 20f (City or town) (County) (State)
TCAL EXA execute far. Page - ed far yau CTOR: Pagi	21. I certify that I toak charge of the remains described above, death resulted fram. Natural causes X. Accident S	uicide, Homicide, Undetermined manner
Y MEOT please al direct retaine	SIGNATURE Seleven Coap	CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   22. DATE SIGNED
TO DEPUTY MEDICA necessary, please ex the funeral directar. 5 may be retained to FO FUNERAL DIRECTO Health or its designo	EXAMINER'S NAME (Type) 7-25 EL DEV RAME OF CENTERRY C	M. D. Address (Sheer, Gay Town or county) JAY. 6, 1967  OR CREMATORY 23d LOCATION (Gity or Town) (County) (State)
10 ± ± 0 1	REMOVATION 1-10-67 Enncy Cr	oring., Sancy Saring, Ma.
VR A15ME (5)	24 FUNERAL DIRECTOR ( Sumder Hock Tille, I	250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE DATE JAN 17 1867 Jelianles Judge.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00963 00963 CERTIFICATE OF DEATH filled in by the funeral papers. Pages 1 and 2 law requires that the death certificate be executed within 24 hours after death. oon papers. Pages 1 and 2 within 72 hours ofter death: PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Montgomery Montgomery MARYLAND b. CITY OR TOWN (If outside corporate imits. ¿ LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jakoma Park Silver Spring. Maruland days d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2110 Prichard Road Washington Sanitarium and Hospital YES NO X carbon NAME OF Middle DATE Manth Doy Year completely DECEASED (Type or print) OF DEATH 1067 January Margaret 9. AGE (In years IF UNDER 24 HRS. S SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH IE LENDER last birthday) Manths Haurs Days White July 26 1908 yno ni bno Gemale DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) CITIZEN OF WHAT during most of working life, even if retired) COUNTRY 3A New York City. N. 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME William Corrigan Delia Burke signed by the ottending burial-tronsit permit 10 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 2110 da Prichard Road (Yes, no, or unknown) (If yes give wor at dates of service) ilver Spring. Maruland 577-12-61 None cremotion INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter any one couse per line far (a), (b) and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise ta mmediate couse (a). DUE TO stating the underlying couse os the prior to b Page 4 may be retained by the hospital or attending hos been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Heolth ! NO this certificate for 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part | or Port || of item 1B.) 200. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detoched State Dept. of 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (State) 20r. TIME OF INJURY Month, Day, Year factory, street, affice blda., etc.) Hour om. While Not While 19 at work at work 21. I certify that (I) (this haspital) attended the deceased fram. and that death accurred at 6 40 PM, from causes and an the date stated above O FUNERAL DIRECTOR: saw the deceased alive an 22o. SIGNATURE 22b. DAJE SIGNED 8 director, poge 3 should be filed w DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN S ameson NAME (Type) 23d LOCATION (City or Town) 230. BURIAL CREMATION 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Cem 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1967



2-1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1	MARYLAND
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s afte by the	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURA write RURA and give pearest town)	L and give nearest town)
hour hour rts. Frs. P	d. NAME OF HOSPITAL OF INSTITUTION BY not In hospital, give street address d. STREET ADDRESS	e. IS RESIDENCE
n 24 y fille pape thin 7	Fairland Nursing Home 740E. 49m ST	ON A FARM? YES NO 🔀
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re be	HOUSEWIFE HOSTRIA	OUNTRY?
ne pti	13. FATHER'S NAME  MEYER BUCHALTER  14. MOTHER'S MAIDEN NAME  MIRIAM HAGER	
death certimate be the attending physician permit. Then please tion, or removal, and i	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) UNICNOWN SOLOMON SCHOOLOGE BROOKLYA	11457. U.V.Y.
magnitude	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  JHOCK & SEPSIS	INTERVAL BETWEEN ONSET AND DEATH
requires that the ding physician. been signed by the burial-transit or to burial, cremain or to burial, cremai	Conditions, if any, which gave rise to immediate (b)  DECUBITAL VICEORS	100
aw requirending tending has bee as the prior to	cause (a), stating the DUE TO GETWERACIZED ARTERIOSE LEROUS	3+6v.
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<u>•</u> → [ • •	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town)   (Compared to the compared to th	ounty) (State)
ATTENDING retained by CTOR: After is should be vith the Staff	21. I certify that (I) (this hospital) attended the deceased from 1963 to 11, 19	64 that (I) (well last
R ATTI De reta De reta De 3 shd With	22a. SIGNATURE 22b.	DATE SIGNED
	22c. PHYSIOIAN'S NAME (Type) Ira N. Tublin. M. D. 22d. ADDRESS	DUE CC
O HOSPITA Page 4 mg O FUNERAL director, E	23a. BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or co	ounty) (State)
01 م م م	DIDENSE JOE 12-67 Mr. HEACON COMMERCY FINSHING L.T., 24. FUNERAL DIRECTOR ADDRESS J. O 25a. REC'D BY REGISTRAR 25b. REGISTRAR	R'S SIGNATURE
VR AIS (4) 20M 1/65	Title of Dill Ham Chi Il min	comba Judge
20M 1/03	The state of the s	The state of the s



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lled in Hoopers.			AL OR INSTITUTION (If no Hospital	ot in hospitol, g	ive street ad	ddress)		d. Street Address 122 Chir	lee	Drive		e IS RESIDENCE ON A FARM? YES NO
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executed d campl move c	S.	Male	6 COLOR OR RACE  Cauc.	7. MARRIED WIDOWED	ă	R MARRIED EX	00	DATE OF BIRTH 2t. 18, 196		9. AGE (in years last birthday) yrs.	Manths Doys	Hours Min.
ite be e	IDa dur	USUAL OCCUPATION ng mort of working	(Give kind of work dane ite, even if retired)	FDb. KII	ND OF BUSIN Dustry	NESS OR		11 BIRTHPLACE (County Patuxent	Rive	-	12 CITIZEN ( COUNTRY	
novol,		FATHER'S NAME Eddie L.	Lamb, Sr.					14. MOTHER'S MAIDEN I Margaret I	'elde			
death tending rmit. I	IS (Y∈	was deceased eve s, na, or unknown) No	R IN U.S ARMED FORCES? (If yes give war or dates of	of service) 16. S	OCIAL SECUI			ORMANT Lexi . Eddie L.		n Park Addre , Sr., 122		e Drive
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death Poge 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending introgen and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The places remove corbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death		18 CAUSE OF DE PART I. DEAT PART I. DEAT Canditians, if any, itse to immediate stating the under last	e couse (a), (	(o) Ven		i(d) <b>litis</b>	·	due to E.	coli			ITERVAL BETWEEN NSET AND DEATH
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ro Hospital Poge 4 may ro Funeral i director, pug should be fil		NAME (Type)	7 9 27 9 22 27			C USN AE OF CEMETERY C	ND 60	Naval Hos		1, Bethes		ty) (State)
TO HO Poge TO FUN direct		BURIAL, CREMATIC REMOVAL (Specify Buria	1-21-6	7	Ple	easant V	ie	W	F	Ewanee. I		
VR A15 (4) 20 M 1/66	2	FUNERAL DIRECTO	Robert A.					e DATE	JAN	23 1967		es Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00966 CERTIFICATE OF DEATH 00966 The law reguires that the death certificate De executed within 24 hours after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND burial-transit permit. Then please remove carbon papers. Pages 1 burial, cremation, or removal, and in any event, within 72 hours after b CITY OR JOWN (If outside corporate limits c. CITY OR TOWN (If autside carparate limits write RURAL and give negrest tawn) write RURAL and give nearest towal completely filled in d. STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address), YES 🗍 NO X NAME OF Middle DATE Month Doy Year DECEASED OF DEATH 19 (Type or print) 9 AGF (In years IF UNDER TYEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 24 HRS last birthday) Manths Days Haurs DIVORCED WIDOWED IGO USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) physician of COUNTRY? most of working life, even if retired 13. FATHER & NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, na. arunknawn) (If yes give wor or dates af service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) 事 PART I. DEATH WAS CAUSED BY signed by 1 buriol-trans MMEDIATE CAUSE (o) Page 4 may be retained by the hospital or ottending physician. DHE TO cand trans, if any, which gove (b) rise to immediate cause (a), DUE TO for use as the t Heolth prior to b stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 200 ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH director, page 3 should be detached should be filed with the Stote Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice blda., etc.) Nat While at work ot wark 21. 1 certify that (1) (this hospital) attended the deceased fram ta saw the deceased alive an 19 67, and that death accurred at 2 McFam causes and an the date stated above. 22b. DATE SIGNED 22o, SIGNATURE ATTENDING 1-15-67 DIRECTOR M.D. 22d\_ ADDRESS 22c. PHYSICIAN'S Sharpe, Sumulit Ave., Kensington, Md. eorge NAME (Type) 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) Crematory Suitland Cedar Hill remation 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR Sons, "Inc. VR A15 (4) 20 M 1/66 er s



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH DOS67 funeral and 2 r death, de ath. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MONTGONER MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours SPRING stely filled in bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? UNSON NO X certificate be executed within completely carbon NAME OF First Middle Last 4. DATE Month DECEASED OF DEATH (Type or print) 1900 LaMontain 8. DATE OF BIRTH Joseph AGE (In years Trunder ) YEAR II FUNDER 24 HRS. an and corrections in any eve 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED last birthday) | Months | Davs Hours WIDOWED DIVORCED VIS. 10a. USUAL OCCUPATION (Give kind of work done ) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) d by the attending physician ransit permit. Then please remation, or removal, and in during most of working life, even if retired) COUNTRY 1 ECSH FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO 17. INFORMAN (Yes. no. or unkown) ((If yes give war or dates of service) 084-18-0040 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN signed by turial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. 2 2mo. IMMEDIATE CAUSE (a) DUE TO has been sign as the buria prior to buria Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for use Health certificate YES [ NO TO 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) this certification for the following the certification of the certificat OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. e After While Not While OR ATTENDING be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from that (i) (we) last DIRECTOR: and that death occurred at 8:37 1966 saw the deceased alive on. M. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED 22b. 10 FUNERAL DIRE director, page 3 should be filed w ATTENDING MED. DIRECTOR TO HOSPITAL O PHYS. M.D. PHYS. ADDRESS PHYSICIAN'S 22d. NAME (Type) I Street. Reisinger N. Washington, L.C. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, DATE THEREOF B REMOVAL (Specify) Gate of Heaven Silver Spring, rid. Montg. 25a. REC'D BY REGISTRAR | 25b. FUNERAL DIRECTOR ADDRESS Wheeler Funeral Home 1331 96 VR A15 (4) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00968 executed within 24 haurs after death. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) campletely filled in by the funeral O. COUNTY o STATE MARYLAND c. LENGTH OF STAY IN 16 OR TOWN outside corporate c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town give negrest town? ban papers. Pag within 72 haurs heada d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO IX NAME OF First Middle DATE Month Doy Уеаг DECEASED OF (Type or print) DEATH S. SEX AGE {In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED DATE OF BIRTH birthdoy) Months WIDOWED DIVORCED physicidm-dhd 12. CITIZEN OF WHAT 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR requires that the death certificate be during most of working life even if retired) please INDUSTRY 13. FATHER'S NAME БП 16 SOCIAL SECURITY NO (Yes, no, or unknown) ((If yes give wor or dates of service) 72406 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART 1 DEATH WAS CAUSED BY. INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gove rise to immediate cause (a) DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the lost. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO, DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO 200. ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING THE CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While While ot work of work 1967, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. Z, and that death accurred at Standard, M, fram causes and an the date stated above saw the deceased alive on\_ 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S 4 ers burg Med. NAME (Type) Ulduo shauld 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Blandford Cemetery Virginia Petersburg. 2So. REC'D 8Y REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 ROBERT A. BETHESDA, MARYLAND PUMPHREY



4 1	Items 18&21 Film 385 2-1-MARYLAND STATE Division of STATISTICAL RESEARCH AND RECORDS, 3	DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAND :	21201
FOR STATE	00969 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH	00969
HEALTH DEALT.	1 PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Resion STATE Maryland b. (OJATY Mo	dence before odmission) Ontgomery
any delay is any delay is n PM3 Page bepartment of	b CITY OR TOWN (fouts de corporate limits c LENGTH OF STAY IN 1b write RURAL and give nearest town)  Silver Spring	c CITY OR TOWN (If outside carporate imits, write RURAL and Silver Spring	give neorest town)
es 1, 2, farm P farm P rite Depa	d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress)  8500 16th Street, Apt. 422	8500 16th Street, Apt. 422	e IS RESIDENCE ON A FARM? YES NO
haurs after death 1f any delay tem 18 Give Pages 1, 2, and 3 Office along with farm PM3 Pagand 2 with the State Department event within 72 haurs after deat	3 NAME OF First Middle DECEASED (Type or print) JOSEPH L.	LEGAULT OF DEATH January	Doy Year 17 1967
s after 18 Giv I alang 2 with t	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED		DER I YEAR SE UNDER 24 HRS IS Doys Hours Min
	100 US JAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country) 12 Canada	CITIZEN OF WHAT COUNTRY?
	13 FATHERS NAME Leo Paul Legault	14 MOTHERS MAIDEN NAME Emma Sauve	
P E COPE 5		7 INFORMANT Address	Md. Surrey bane
d be executed within d'pending in pendil Chief Medical Exagnine fransit permit. Pre pag	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (r).)	cinoma of pancreas	INTERVAL BETWEEN ONSET AND DEATH
INER: This certificate shauld be executed exertificate, writing the ward "pending" is should be farwarded to the Chief Medical files.  3 should be used as a burial-transit permit. In prior to burial, cremation, or remayal,	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  (b)		
e, writh farware a burial	PART II. OTHER SIGNIFICANT COND TIOMS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o)	19 WAS AUTOPSY PERFORMED? YES X NO
AMINER: This the certificate, at shauld be four files. ge 3 should be agent, priar to	FRIMARY Or CONTRIBUTING OR CAUSE OF DEATH	D (Enter nature of injury in Part I or Part II of item 1B.)	
₹ <del>+</del> 4 = 9 8 8 8	20c TIME OF INJURY Month, Doy, Yeor Hour a.m P.m. 19 Of While of work of work	PLACE OF INJURY (Home, form, 20f (City or town) foctory, street, office bldg , etc.)	(Caunty) (State)
AL family and materials	21. I certify that I taok charge of the remains described above, death resulted fram: Natural causes 🔼 , Accident 🔲 , Su	held an Autapsy 🕱 , Inspection 🔝 , Inquiry 🗀 vicide 🔲 , Hamicide 🔲 , Undetermined manner	ond in my opiniar
Professional director retained its designity	ACTUAL SIGNATURE O Lailes & Taken	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
TO DEPUTY Men necessary, plea the funeral din 5 may be reto TO FUNERAL DI Health or ets c	EXAMINER'S NAME (Type) Charles S. Petry	DEPUTY MEDICAL EXAMINER  Address (Street, city, town, or county)	1/18/67
TO I	230 BUR A. CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF REMOVAL (Specify) 121-1-23-1976 Arlington		(County) (Stote)
VR A15ME (5) 6M 1/66	Joseph wawler's Sons, inc. 5130 Wash	DATE JAN 24 1967	arles Jusqu



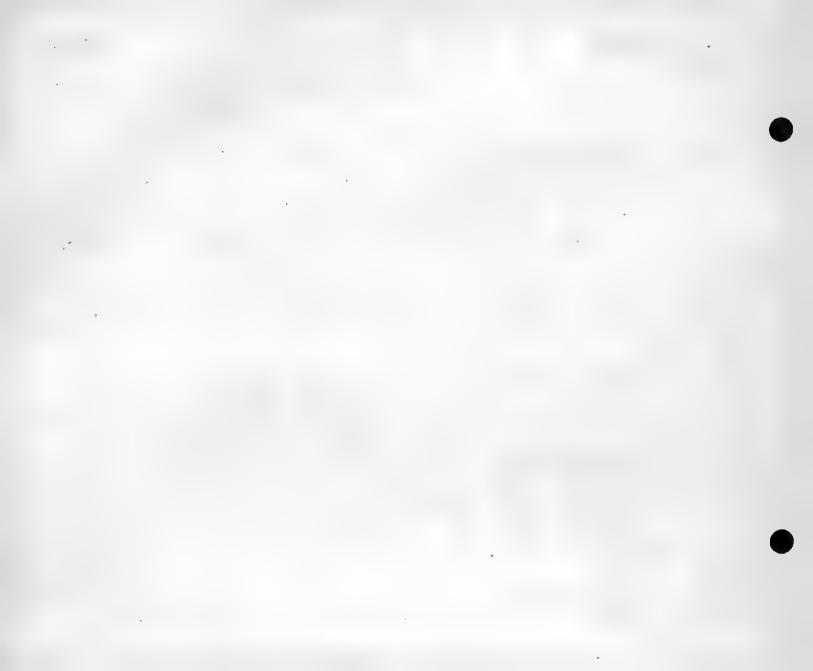
· ·			MAR DIVISION OF STATISTICAL RESE		'ARTMENT OF H . 301 W. PRESTON		I MARVIAND
-	-02-		09970	CERTIFICATE		ornaer, prijimotte	00970
fours after death	funeral and 2 death,	1.	PLACE OF BEATH a, COUNTY			(Where deceased lived, If institution	n: Residence before admission)
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	by the Pages urs aft		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside corporate limits, write RU	
Ours	in la .		Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in h	18 years	Silver S	pring	121
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ore.	ely f	3.	304 East Franklin Avenue	Middle		Granklin Avenue Month	Pay Year
Ų.	and completely remove-carbon n any event, withi		NAME OF DEGEASED (Type or print) Chauncey		entz	DEATH January	23 1967
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(2,0)	se r d in	gui	ing most of working life, even if retired)	(IND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (Count	ty & State, or foreign country) 12	2. CITIZÉN OF WHAT COUNTRY?
1200	physician n please val, and in	Re	tired Printer Eve	ning Star	14. MOTHER'S MAIOEN	Penna.	U.S.A.
Cortificate certificate	ian, d by the attending ph ransit permit. Then cremation, or removal	h	itrich Lentz		Adeline Sha		
	attending sermit. Ther			SOCIAL SECURITY NO.   17.	INFORMANT	Address	4. 4
death	ne atten permit. ion, or	N	1.07	es Man	y B. Lentz	304 East Frank	lin Avenue
the A	the sit per nation		18. CAUSE OF DEATH [Enter only one cause per		.1	occurs spring,	INTERVAL BETWEEN ONSET AND DEATH
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<i>€</i>	attending physician.  has been signed been signed been streamly the prior to burial, cre		Conditions, if any, which \	,			
Tuire	e bu		gave rise to immediate				
1	ttending has been as the prior to		cause (a), stating the underlying cause last.				
VS	atten e has se as th pric	110N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL OIS	EASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
Ě	il or ficat or u Heal	FICA	Carcinoma of		ascending co		YES NO
Ž.	d by the hospital or attending After this certificate has been do be detached for use as the best State Dept. of Health prior to the state Dept.	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OESCRIBE HOW INJURY OCCUS	RREO. (Enter natupe of In	jury in Part I or Part II of Item	1 18.)
ISA	the ho this detach detach e Dept			INJURY OCCURRED   20e. PLAC	E OF INJURY (Home, farm	, 20f. (City or town)	(County) (State)
<u>a</u>	ter t tate	MEDICAL	Hour a.m. While p.m. 19 at wor	NOT WILLS I'	y, street, office bldg., etc.)	)	
	ined IR. Af		21. I certify that (I) (this hospital) attend	led the deceased from	1963 19	_, to January 23, 1	9.67, that (1) (we) last
	retained CTOR: A should vith the		saw the deceased alive on Junuary	12 1967, and that	death occurred at 94	24M, from the causes and	on the date stated above.
	be red w		22a. SIGNATURE	100	ATTENDING ME	O. STAFF 220	ANHARY 23 16/2
4	AL DAR		22c. PHYSICIAN'S	M.O.	22d. ADDRESS	PHYS. D.	6 001
gy	Page 4 may be FUNERAL DIR. director, page should be filed	_	NAME (Type) Sennet A.	· POYTET Jr.M.		suille Kdy Silve	or Spring, 191d
2	Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	238	REMOVAL (Specify)	23c. NAME OF CEMETERY  Port Lincoln		23d. LOCATION (City, town or	0 44 1 1
	_	24	Surial Jan 26, 1967 SEUNERAL DIRECTOR	ADAROBRESS	Cemetery   25a. REC'O	BY REGISTRAR   25b. REGIST	rar's SIGNATURE
1	/R AI5 (4)	L.	arner E. Pumphrey. Inc.	8434 Georgia Au	Mi DATE JA	N 26 1967 40	carles Judge
2	20M 1/65	=		Carried Sparry		<u> </u>	



1	M)	DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BAI	LTIMORE, MARYLAND 21201	
~		00971 CERTIFICATE OF DEAT	ΓΗ <sup>mn</sup> 009:	71
er deoth funeral	deo1	1. PLACE OF DEATH  • COUNTY \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ENCE (Where deceased lived, if institution Residence before	are admission)
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nin 24 hours filled in by	7//	d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)  d STREET ADDRE	2 8th ST N.E	e IS RESIDENCE ON A FARM? YES NO
within rely fil	ır with	3. NAME OF BECEASED (Type or print) BARBARA RUSS LEWIS	4 DATE Manth Do	oy Year 1967
executed within 24 haund completely filled in remove carbon papers.	and in any event, within 12 hours affer	5. SEX FORMAL 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH  WIDOWED DIVORCED X 1/5/	9 AGE (In years IF UNDER 1 YEAR lost burthday) Months Days	IF UNDER \$4 HRS
be ex	d in an	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR III. BIRTHPLACE (INDUSTRY	(County & State, or foreign country)  12 CITIZEN (COUNTRY)	OF WHAT
icate		13. FATHER'S NAME 14 MOTHER'S MA	AIDEN NAME	$\mathcal{I}_{\mathcal{I}_{\underline{I}}}$
certif y ph	novor	JOHN CAMERON A	GNES BELL	
OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth be retained by the hospital or attending physician.  SIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral eta 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and	buridi, cremotion, or removol,	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates of service)  16. SOCIAL SECURITY NO 17. INFORMANT 1. S. F.	PITAL RECORDS	
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quire shysi- igne uriol	E .	Conditions, it only, which gave (b)		
w rec	0	stating the underlying cause DUF TO		
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AN: The	Heolth	& WDIABETES MELLITUS (2) C.V. ACCIDENT!		9. WAS AUTOPSY PERFORMED? YES NO
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D HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detacted for use as the buriol-trans	te Dep	20c TIME OF INJURY Manth, Day, Year Haur's m. 19 Of work of twork of two	ne, farm, 20f (City ar town) (County) dg., etc.)	(State)
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VITE Idine TOR:	E	saw the deceased alive an 10 fax 1967, and that death accurre	ed at 7 PM, from causes and an the da	
OR A be ref	M pe	Spreth T. Kamble, M.D. ATTENDING PHYS.	MED DIRECTOR PHYS.   // //	671
O HOSPITAL Page 4 moy O FUNERAL I	d be #	22c PHYSICIANS NAME (Type) S.T. RIMBLE 9271	Kershing Huise Delver &	guny My
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the	i bluons	230. BURIAL (REMATION, REMOVAL (Specify) XXIV. 14.1967 GLENWOVE CEMPTRY		NC
VR A15 (4) 25M 1/67		24 FUNERAL DIRECTOR AS TO CARACTER AS TO DAY	o. REC'D BY REGISTRAR 2Sb StG STRAR'S SIGNAT TE JAN 16 1967 Schanle	Judge.
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1 1		Division of STATIST		MARYLAND STAT ARCH AND RECORD				TIMORE, MARY	YLAND 2120	01, ,,
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# # # # E	b CITY OR TOWN	(If outside corporate limits and give necrest town)	,	c LENGTH OF STAY IN	16	c. CITY OR TOWN (I	f outside corpo	prote limits, write R	URAL ond give i	nearest town)
by yours		r Spring TAL OR INSTITUTION (If no		<u> </u>			llver S	pring		
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ne death certificate be executed within attending physician and completely forming. Then please remove carbanian, ar remayal, and in any event, with	3. NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Mo	nth	Doy Year
ed v	(Type or print) S. SEX	<del>                                     </del>	ACHEL	The second second		ewis	DEAT	9, AGE (In years	an IF JNDER I	6 19 6.7 YEAR   IF UNDER 24 HRS
oun in the count of the count o		6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	HI	DATE OF BIRTH		lost birthdoy)		Doys Hours Min.
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See a G	IS. WAS DECEASED EV	Schrager ER IN U.S. ARMED FORCES?	14	SOCIAL SECURITY NO	17. H	NFORMANT		Add	Iress	
requires that the death cert g physician. n signed by the attending p e burial-transit permit. There	(Yes, no, or unknown)	(If yes give war or dates o	f service)	unknown			200	Randolp	h Rd.	
aff aff peri		DEATH (Enter only one cou			T ME	pris Lewis	Sil	vor Spri	ng, Md	INTERVAL BETWEEN
at the state of th	PART I. DE	ATH WAS CAUSED BY. IMMEDIATE CAUSE	10	009-06-00	(3	bered		7		ONSET AND DEATH
trei the	4. 2.	DUE DUE		A	_ ^	1)	21	-()		
quires the physician signed by burial-traingly cre	Conditions, if on		(b) C	Berale	010	liete	W 60	De Lesen		1 hees
Par Signal	rise to immedia stating the und		то	A.	0	A	1 0	(1) .		
The law red attending has been se as the th prior to	lost.	}	(c) <u>a</u>	sileony /	عالا	erelle 1	uesel	8 chesa	امده	1070
nttend nttend nas bros n prio	PART IL OTHER S	IGNIFICANT CONDITIONS, CO	ONTRIBUTING 1	TO DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE	CONDITION GI	VEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED?
IN: The or of or	CATIO	chale		leatile	ele.	42				YES NO
Page 4 may be retained by the haspital or attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attendidirector, page 3 shauld be detached for use as the burial-transit permitshauld be filed with the State Dept. of Health prior to burial, cremotion, as the burial of the state Dept.	OR CONTRIBUTING	AS UNDERLYING   G  CAUSE OF DEATH Y MEDICAL EXAMINER)	20b DE	SCRIBE HOW INJURY OCC	URRED (	Enter nature of injury	in Port I or P	ort II of item 1B.)		
by the haspi frer this certi be detached State Dept. of	3 20c. TIME OF IN	JURY Month, Doy, Year				E OF HUURY (Home,		(City gr)town)	(Coun	ty) (Stote)
te e e e e	B Hour o	m. m. 19	While of world	k O Not While O	tocto	ory, street, office bldg.,	etc.)	- 1/		
DIN DIN Affer be Star	21. I cert	ify that (1) (this has	pital) atten	ded the deceased f	ram	· perse	., 1960.	to ceca	6,196	7, that (I) (we) la
TEN THE STATE OF T	saw the	eleased alive an_	1/6	19 <u>6</u> 7, ai	nd that	death accurred	at 1612	M, from cause		date stated abov
AT REGION OF SHARE AND	220. SIGNATUR	LICIA.	i			ATTENDING	MED.	STAFF	22b. DAT	E SIGNED
Per Service Control Co	22c. PHYSICIAN	/ / / (	$\supset$	_/	M.D	22d. ADDRESS	DIRECTOR	PHYS. I	<u> </u>	71
D HOSPITAL OR ATTENC Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	NAME (Typ		reu	Zburg		7752	- 16	Lhw	Was	412 De
HOS UNI Buld	230 BURIAL, CREMAT			23c. NAME OF CEMET				LOCATION (City or 1		County) (State)
Page No FUN direct shaul	REMOVAL (Special		7	Mt. Zio	n Ce			aspeth, I		.Y.
VR A15 (4)	24 FUNERAL DIRECT	OR		ADDRESS 4217	-9	1	REC D BY REGIS	1.	REGISTRAR'S SIG	
20 M 1/66	GOLDBER	G FUNERAL	Herst	57	17	. Cola DATE	IAN 9	196 <b>7</b>	r 3	Judge



11-	1 (M		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	1
7		1	00973 CERTIFICATE OF DEATH 00972	
·	completely filled in by the funeral vercarbon papers. Pages 1 and 2 event, within 72 hours after death.	1.	PLACE OF DEATH # 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before	admission)
	er d	n	a. STATE b. COUNTY	11
	afte y the saft	1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give near	rest town)
	in by	51	IVER SPRING 17 DAYS DAYTON	
	f ho		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)    d. STREET ADDRESS    e. IS R	ESIDENCE A FARM?
	in 2 Fried fil	ZA	FIRLAND NURSING HOME LINTHICUM R.d. YEST	-
	with lete	3.	DECEASED	Year
	omp omp	5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. OATE OF BIRTH   9. AGE (In years   FUNDER LYEAR)   FU	9 6 7 DER 24 HRS.
	executed and con remove	L	MIDOWED DIVORCEO 5-1-1887 1 Norths Days Hour	
	ex an	108	B. USUAL DCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   31. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WH	IAT
	e be Sicia leas	1	ring most of working life, even if retired) INDUSTRY  HAWARD-Co. Md.	15.A.
	licat phy mal,	13.	. FATHER'S NAME	
	entii The The	J	OHN J. LINTHICUM MARGARET CIARR	
	th c	(Ye	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (15. SOCIAL SECURITY NO. 17. INFORMANT	
	deal ne al perrition,	_	NO 1 1217-32-4974-31	DEDME EN
	aw requires that the death certificate be executed within trending physician.  The seen signed by the attending physician and completely as the burial-transit permit. Then please remove, carbon prior to burial, cremation, or removal, and in any event, with		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  A RC(A/OMA A)  A TTUM	D DEATH
	law requires that the attending physician. Thas been signed by a sthe burial-tram in prior to burial, cre	П	IMMEDIATE CAUSE (a)	
	res t sign sign uria	Н	Cenditions, If any, which (b)	
	ing ing the property of the pr		gave rise to immediate ( cause (a), stating the DUE TO	
	w record	3-	underlying cause last. (c)	
	r att r att te hi te hi se hi	AT IOI		AUTOPSY ORMED?
	l: The al or a liftcate for use Health	2	YES 20a. ACCIDENT WAS UNDERLYING 1 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	№ □
	SICIAN: The hospital or sertificat secretificat for until the sipt. of Heal	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	PHYSI the ht this detack	AP	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County)	(State)
	ATTENDING PHYSICIAN retained by the hospita (CTOR: After this certil should be detached fighth the State Dept. of	MEDICAL	Hour a.m.  p.m.  While Not While at work at work	
	Affin Paris	-		(we) last
	ATTENDI retained CTOR: A should with the		saw the deceased alive on 1967, and that death occurred at M, from the causes and on the date state	ed above.
	OR A be re JREC JREC Se 3 ed wi		22a. SIGNATURE  M.O. ATTENDING MED. STAFF 22b. DATE SIGNED  M.O. PHYS. DIRECTOR PHYS.	917
	TAL C may back to page of file		22c, PHYSICIAN'S DIRECTOR PHYS. DIRECTOR PHYS.	10/
	프득 변경식		NAME (TYPE) BORIS KABKINMY 1019 Cum Block to by	
	O HOS Page / D FUN) directo	23a	DEMONS Consider	(State)
	Ω = =	24	REMOVAL (Specify) Burial 1-27-1967 Providence Glenelg, Md FUNERAL DIRECTOR GARAGES (258, REC'O BY REGISTRAR) 256. REGISTBAR'S SIGNATURE	
	VR #15 (4)	-	The the who their	udge
	20M 1/65	_k	F.C. Higinbothom, Ellicott City, Md DATE JAN 21 1901	



ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il institution: Residence before admission) a. COUNTY e. STATE b. COUNTY \* 2 년 년 WO MIER MARYLAND b. CITY OR TOWN if outside corporate limits, write RURAL end give neerest lown) c. LENGTH OF STAY IN 16 c. CITY OR TOWNAII outside corporete limits, write RURAL and ava nagrast town) within 24 TRINGS d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? carbon papers. 13766 3. NAME OF YES NO X DATE Middle Month Year DECEASED (Typa or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years , IF UNDER 1 YEAR IF UNDER 24 HRS and last birthdey) Months event, Days requires that the death certificate WIDOWED DIVORCED physician ease remove los. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY (County & State, or foreign country) done during most of working life, avan if retired) SUNKA 13. FATHER'S NAME 2, MOTHER'S MAIDEN NAME 3 E 5 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (Il yas give wer or datas of sarvice) r attending physician, has been signed by the MIS INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse par line for (e), (b), and ò ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) burial-transit 1310.200 Conditions, if any, which (b) gava rise to immadiate cause DUE TO (e), stating the undarlying cause last. the hospital or After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY 92 2 CERTIFICATION PERFORMED? for use prior NO 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part |I of item 18.) Health OR CONTRIBUTING I'I CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20i. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Yeer ö fectory, street, office bldg., atc.) While Not While Hour e.m. DIRECTOR: et work [ el work p.m. 8 21. I certify that (I) (this hospital) attended the deceased from...... Causes and on the date stated above 19.4.C. and that death occurred saw the deceased alive on. 22Ь. DATE 220. SIGNATURE ATTENDING death. Page 4 I STAFF SIGNED TO FUNERAL director, page 3 PHY5. DIRECTOR M.D. 22c. PHYSICIÁN'S 22d. ADDRESS NAME (Typa) (Stata) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) REC'D BY REGISTRAR 25b. REGISTRÁR'S SIGNATURE VR A15 (4)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00975 CERTIFICATE OF DEATH signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages I and 2-burial, cremation, or remayal and in any event. requires that the death certificate, be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. STATE Maryland a. COUNTY b. COUNTY Montgomery MARVIAND c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 26 b CITY OR TOWN (If autside corporate limits. Bethesda, (rural) 3 hrs 15 min Rockville d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 5709 Denfield Road YES X NO Naval Hospital 4. DATE 3. NAME OF First Lost Month Year OF DEATH DECEASED LOMAN 1967 Patrick Theodore January (Type or print) IF UNDER 24 HRS 9. AGE (In years 15 UNDER 1 YEAR S. SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH NEVER MARRIED birthday) Dovs Hours March 17, 1965 Male Cauc. WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY N/A USA Bethesda, Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME Rae Ann Young John W. Loman 17 INFORMANT Rockville Address Maryland IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no ay unknawn) (If yes give war ar dates of service) N/A HMC John W. Loman. USN, 5709 Denfield Road NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) ONSET AND DEATH PART 1 DEATH WAS CAUSED BY MENINGOMYELOCELE IMMEDIATE CAUSE (a) ar attending physician DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been as the lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES K NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 2Da ACCIDENT WAS UNDERLYING be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Haur o.m While Nat While at wark at work 2]. I certify that (4) (this haspital) attended the deceased from Jan. 29 , 19 67, to Jan. 29 , 19 67 that (4) (we) last sow the deceased olive on Jan 29 1967, and that death occurred at 1030FM, from causes and on the date stated above. 22b DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. Jan. 31. 1967 M.D. 22d ADDRESS 22r PHYSICIAN'S Page 4 may NAME (Type) Naval Hospital. Bethesda. Md. E. KELLY. LT. MC. USN director, should b 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL, (REMATION, REMOVAL (Specify) BULL 18 (County) (State) 23b. DATE THEREOF 2-1-67 Arlington, Va. Arlington National REGISTRALS SIGNATURE Quedge 24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESTURE Home | 250. RECO BY REGISTRAR VR A15 (4) 20 M 1/66 Wisconsin Ave., Bethesda, Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00976 CERTIFICATE OF DEATH 00975 requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) o. COUNTY b. COUNTY a. STATE MONTGOMERY MARYLAND Maryland Montgomery ampletely filled in by the fuve carban papers. Pages 1 event, within 72 hours after c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside comparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) 12 days Washington Grove d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Box 64 Montgomery General Hospital YES NO 3 NAME OF Middle 4. DATE Month Dov Year DECEASED John W January 19 67 (Type or print) Lowman DEATH S SEX 9. AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthday) Months Dovs Hours White WIDOWED DIVORCED Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Retired INDUSTRY COUNTRY? Ohio U.S.A. Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remov Jacob Lowman Amy Davis 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Medical Records 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH vterios elevotion by the hospital or attending physician. 15 ca se Arteriosclerosis-6cml Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the priar ta 19 WAS AUTOPSY PARELU OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION PERFORMED? of Health NO 🔽 ja 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) factory, street, office bldg, etc.) Hour o.m. Not While at work 21. I certify that (1) (this hospital) attended the deceased from /-O HOSPITAL OR ATTEND Page 4 may be retained director, page 3 should should be filed with the , and that death occurred at 11/2 30th from sauses and on the date stated above saw the deceased alive an 220 SUGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR 22d. ADDRESS PHYSICIAN'S NAME (Type) Jack Schumacher, M.D. Russell Avenue, Gaithersburg, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, (State) Burial (Specify) Pine Grove Cemetery Frederick County **FAINERAL DIRECTOR** VR A15 (4) 25M 1/67



-	1 (1)	n		Charle C Mark N Division of STATISTICAL RESEA	NARYLAND STAJE±DEF RCH AND RECORDS, 301	W. PRESTON STREET, BALTIMORE, MARYLAND 21	201
				00977	CERTIFICATE	OF DEATH	00976
X	er death. funeral i ond 2 ter deoth.			PLACE OF DEATH D. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution Resider o. STATE Maryland b. COUNTY MO	ntgomery
E	n by the furs. Pages i		1	b CITY OR TOWN (If outside corporate I mits, write RURAL and give represt town) SILVER SPRING	c length of stay in 16  DOA	c CITY OR TOWN (if outside carparate limits, write RURAL and give Kensington	
9	filled in b	1		NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, gi	ive street address)	d. STREET ADDRESS 3333 University Blvd.	e is residence on a farm? Yes \( \) NO \( \)
5	ecuted within 24 his completely filled in ove corborr papers.	)		NAME OF First Le OCCEASED (Type or print)  Bert	Roy Middle	Lost 4. DATE Month of DEATH January	Day Year 20 19 6 7
in	ond complete remove cork		_	Male White WIDOWED	DIVORCED	DATE OF BIRTH  4/10/90/1900  9 AGE (In years buthday)  100 yrs.  15 JNDER Manths	Doys Hours Min.
22	icate be exer		dur	ng most of working life, even if retured) Electrical Engineer	nd of Business or Power Compa	ny Michigan "	TIZEN OF WHAT
, K	certrificate L g physician Then please moval, ond			Duncan MacDonald		14. MOTHER'S MAIDEN NAME Emma Wilson	E Alcono S
W.	ne deoth certrfi ottending phy: permit. Then son, or removal		IS  Ye	t Mar			m, Md.
2 med	requires that the physicion. In signed by the buriol-tronsit to burial, cremot			1B. CAUSE OF DEATH (Enter anly one couse per line for ( PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Candifrians, if any, which gave rise to immediate couse (a), stating the underlying cause (a)	(a), (b), and (c).)	Thembran Cutinoschiron	INTERVAL BETWEEN ONSEVAND DEATH  Pudaf
nest	ed Table	, <sup>3</sup> 1	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	mellins	Y C-7+7,	19. WAS AUTOPSY PERFORMED YES NO
13				OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Enter nature of injury in Part I ar Part II of item 18.)  E OF INJURY (Home, form, 20f. (City or town) (Co	ounty) (Stote)
0	by the P by the P ffter this be deto		MEDICAL	Hour a.m. While p.m. 19 at wark	Nat While factor	rry, street, affice bldg., etc.)	
	OR ATTENDIN be retained by DIRECTOR: After le 3 should be ted with the Stat			21. I certify that (I) (this hospital) attends sow the deceased alive an 220. SIGNATURE	iea trije aecejasea tram	death occurred at 7.3 M, from auses and on	that (1) (we) last the dote stated obove.
	be See See See See See See See See See S	]		22c. Physician's Name (Type) Stephen Jones	her MD	ATTENDING A MED STAFF	120/61
	TO HOSPITAL Poge 4 moy TO FUNERAL director, pog should be fi	-	54	REMOVAL (Specify)  23b. DATE THEREOF  REMOVAL (Specify)  23c. DATE THEREOF  23c. DATE THEREOF	230 NAME OF CEMETERY OR C Arlington Nas	t'l Cemetery Arlington, Virg	
	VR A15 (4) . 20 M 1/66		J., (	rner C. Pumphrey, Inc. Si	134 Georgia Ave Luer Spring M	DATE JAN 2 0 967	sortes Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYL CERTIFICATE OF DEATH funeral after death. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY MONTGOMERY a. STATE b. COUNTY MARYLANO c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate imits, c. LENGTH OF STAY IN 1b hours Capital Heights E Weeks d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE Filled ON A FARM? within NO X YES executed within 3. NAME DE DATE Month completel carbor, First Middle Last 4. Day Year DECEASED DF event, ISABELLE JONES MANSFIELD DEATH JAN. 16 1967 (Type or print) AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH NEVER MARRIED 7. MARRIED last birthday) | Months | FË Hours CAUC. апу MAY 13, 1881 WIDOWED A OIVORCED [ 12. CITIZEN OF WHAT = 1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician COUNTRY? g during most of working life, even if retired) l, and QUEEN ANNE, MARYLAND USA HOUSEWIFE ficate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then removal DARUS JONES CECILLE SCOTT 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. After this certificate has been signed by the attend be detached for use as the burial-transit permit.

State Dept. of Health prior to burial, cremation, or it (Yes, no, or unkown) ((If yes give war or dates of service) P.O. BOX 8469 JOHN MANSFIELD NTERVAL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate OUE TO (a), stating underlying cause last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO D YES [ 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 2Db. (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 12De. PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While retained by at work at work p.m. TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from M. Ifom the causes and on the date stated above. and that death occurred at 2.2 saw the deceased alive on 22b. DATE SIGNED SIGNATURE 22a. þ STAFF ATTENDING M.D. DIRECTOR Page 4 may PHYSICIAN'S 22c. DR.SILVER SPRING. NAME (Type) LOCATION (City, town or county) (State) BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. RIAL REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a. VR A15 (4) 15M 4-64



4	. 1	DIVISION OF VITA	MARYLAND STATE DEPA IL RECORDS, 301 W. PRESTO	RTMENT OF HEALTH N STREET, BALTIMORE, MARYI	LAND 21201
7	. 8 .	00979	CERTIFICATE	OF DEATH	00978
	death death	PLACE OF DEATH O. COUNTY		o STATE	l lived, if institution. Residence before odmission) b. (OUNTY
	the fu	b. CITY OR TOWN (If outside corporate Kmits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	1 / 17/2 7 / 1 1 1	Jimits, write RURAL and give nearest town)
	haurs on the in by the res. Page 2 haurs	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	tol, give street oddress)	d STREET ADDRESS	e is residence On a farm?
	filled pape thin 7.	WAShington SA	is & Hosp.	504 Some	FUE VES NO
	d with letely arban nt, wel	(Type or pnnt) DAISY	Kuth Ki	PARTIC DEATH	Month Doy Year
	xecute camp nave ny eve	S SEX 6. COLOR ORRACE, 7 MARR	4	1 1 - 01	AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. In the state of the sta
	e be e	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	b KIND OF BUSINESS OR INDUSTRY home	11 BIRTHPLACE (County & Stote or fores	922. COUNTRY?
	tification plection p	13. FATHER'S NAME	/	14. MOTHER'S MAIDEN NAME	PHIERICO.
	it the death certificate be executed within 24 haurs after deat the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages I and matian, arremave, and in any event, within 72 haurs after deat	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, or unknown) (If yes give, wor or dotes of service)	16 SOCIAL SECURITY NO. 17 IN	FORMANT Harold Arthu	ir Martier - 504 Domer Ave ikoma Park, Maryland
	that the d an. by the att transit peri	18. CAUSE OF DEATH (Enter only one couse per lime PART I. DEATH WAS CAUSED BY:		NEARCTION	INTERVAL BETWEEN ONSET AND DEATH
	physici physici signed burial- burial-	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  Conditions, if ony, which gove rise to immediate couse (b).	ARDIAC DE	COMPENSAT	TION 3 DAYS.
		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	ING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO
*	rsician: aspital o certificat hed far it. af Heo	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		enter noture of injury in Port I or Port	
	DING PHYSIC by the haspi After this certi be detached State Dept. at	20c. TIME OF INJURY Month, Day, Year Your a.m. 19 at		F OF INJURY (Home, form, ry, street, office bldg etc.)	(City or town) (County) (State)
	ATTENDING stained by CTOR: After shauld be ith the Stat	21. I certify that (1) (this hospital) at saw the deceased alive an		death accorred at 33 M,	fram causes and on the date stated obove.
	OR AT the retainment of the re	270- SIGNATURE	rosel_M.D.	ATTENDING MED DIRECTOR D	STAFF 226 DATE SIGNED 7
	PITAL may be ERAL D	22c. PHYSICIAN'S NAME (Typp) forward TM	orse MD	7030 Carroll Civi 1	Thoma Paul Mick
	O HOSPITAL OR Page 4 may be 1 O FUNERAL DIRI director, page 3 shaud be filed v	230 BURIAL CREMATION, REMOVAL (Specify) 23b DATE THEREOF Gan. 7, 19	67 Fort Lincoln	Cemetery Pris	ATION (City or Town) ACE Georges Co., Md. (Store)
	VR A15 (4)	Warner E. Pumphrey Inc.	Silver Spri	ACTION TO A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	256 REGISTRAR'S SIGNATURE 1967 Policies Judge

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00979 CERTIFICATE OF DEATH 00980 The law requires that the death certificate be executed within 24 haurs after death funeral 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. STATE b. COUNTY ottending physician and campions.

peritise. Then please remave carban papers. Pages I fall of the please remave carban papers. Pages I fall of the peritise o MARY! AND CITY OR TOWN (If outside corporate limits, L. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate fimits, write RURAL and give negrest town) write RJRAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENC ON A FARM 3. NAME OF DATE DECEASED (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) Manths Hours WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CTIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (6) by the haspital ar attending physician. DUE TO Conditions, if any, which gove nse to immediate couse (a), DUE TO stating the underlying cause State Dept. of Health prior to 19 WAS AUTOPSY PERFORMED? PART ILL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 🔀 rerups (orasis 20o ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or fawn) (County) (State) Hour a.m. factory, street, office blda., etc.) Not While at work at wark TO FUNERAL DIRECTURE: After 21. I certify that (1) (this haspital) attended the deceased from 1966 to Page 4 may be retained 196. 7, and that death accurred at 10° PM, from causes and on the date stated above saw the deceased alive an 220 SIGNATUR DATE SIGNED director, page 3 shauld be filed v DIRECTOR 22d. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, (County) REMOVAL (Specify) 24 JUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00980 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a STATE b. COUNTY a. COUNTY-> with the State Department of MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (if aufside carparate limits, write RURAL and a ve nearest town) e IS RESIDENCE ON A FARM? 18. Give Poges 1, 2, olong with form d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) be executed within 24 hours ofter death. NAME OF 4 DATE Manth Yeor Day DECEASED 0F 196 DEATH AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE NEVER MARRIED Months WIDOWED DIVORCED ofter deoth 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a TISUAL OCCUPATION IG ve kind of work done BIRTHPLACE (State of foreign country COUNTRY? during most of working life, even if retired) INDUSTRY File poges forwarded to the Chief Medical Exominer 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME within 72 hours 17 INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line, for to), (b), and (c) PART I. DEATH WAS CAUSED BY in ony event IMMEDIATE CAUSE (a) writing the word This certificate should DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS' removol, PERFORMED? NO 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH OCCUMPRED (Enter nature of injury in Part I or Part II of should **EXAMINER:** 20d INCRY 20e VLACE OF INJURY (Home, form, While Not While at work I at work 196/ 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X may be retained for FUNERAL DIRECTOR: deoth resulted from Notural causes Undetermined monner Suicide X Homicide the funerol director. Accident ACTUAL 22. DATE SIGNED 5 may be reto TO FUNERAL D Health prior t SIGNATURE **EXAMINER'S** NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION 23d LOCATION (City or Town) Arlington National Arlington. Virginia

-ADDRESS

Home-4001 Benning Rd. No.

25a. REC'D BY REGISTRAR

VR A15ME (5) 6M 1/67

Stewart Funeral

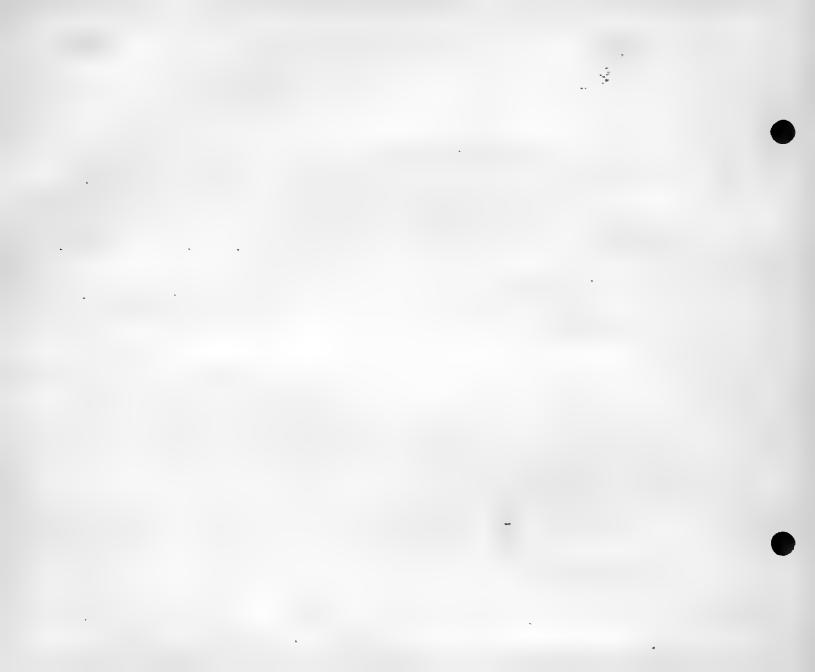
1 14

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY **b.** COUNTY a. STATE Montgomery Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b r filled in by papers. Page in 72 hours write RURAL and give nearest town) Silver Spring Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street Address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? within 9003 Garland Ave., Bella Vista Nursing Home Univ. Blvd. 571 NO X YES within etely NAME OF DATE Middle Month Last Day Year DECEASED Thewson (Type or print) DEATH January 19 67 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH гетоле 7. MARRIED NEVER MARRIED last birthday) | Months | Davs Hours white Female WIDOWED DIVORCED A 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 5 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRYZ SHINGTON ELEPHONE certificate FATHER'S NAME MOTHER'S MAIDEN NAME гетоуа attending r≡it. TRe 20015 15. WAS DECLASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. been signed by the after th∎ burial-transit per≡it. or to burial, cremation, or (Yes, no. of unknwn) | (If yes give war or dates of service) 578-09-1657 CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN remaires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician, IMMEDIATE CAUSE (a) DUE TO Verseles of/c Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating an th underlying cause last. has WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. certificate hather that the second the secon PERFORMED? CATI 9 YES NO D uL. the hospital CERTIFI 20a. ACCIDENT WAS UNDERLYING [ DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) tached OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. White Not While p.m. 19 at work at work retained T 960 19.6.7, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at 4/2 M, from the causes and on the date stated above. saw the deceased alive on SIGNATURE 22a. O FUNERAL DIRE director, page 3 should be filed v ATTENDING Buck M.D. PHYS. DIRECTOR Page 4 may **MOSMITAL** PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL CREMATION 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial 2 Cedar Hill Cemetery Suitland, Md. 25b. REGISTRAR'S SIGNATURE 196 VR A15 (4) DATE 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00982 00983 be executal within 24 hours after death completely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give negrest town) days d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM YES 🗍 NO S NAME OF DATE Middle remave carban OECEASED 1967 DEATH (Type or print IF UNDER 1 YEAR IF JNDER 24 HRS AGE (In years DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months WICOWED OIVORCED 10o USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR M. BIRTAPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT lease during most of working life, even if retired) INDUSTRY Jone COUNTRY? Washington, MOTHER'S MAIDEN NAME Housewite 13. FATHER S NAME removal Kathrine Hines 17. INFORMANT 16. SOCIAL SECURITY NO 1110 Devinis Ct. requires that the death permit (Yes, no, or unknown) (If yes give wor or dates of service) Ь Silver Snrina None INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per upe for (o), (b) and (c) ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO rioscierosis Conditions, if only, which gove rise to immediate couse (a), DUE-TO stoting the underlying couse has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 10,0513 110 50 NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o me foctory, street, office bldg., etc.) O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from 1470 - 48 1969 ta Jacy /2, 1967 that (1) (we) last be retained and that death occurred at 9 M. from causes and an the date stated above. saw the deceased alive on 220. SIGNATURE DIRECTOR M.D. 22d. ADDRESS PHYSICIAN NAME (Type) director, shauld 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) BURIAL CREMATION 23b. DATE THEREOF Fort Lincoln Cemetery Prince Georges (0., 25b. REGISTRAR'S SIGNATURE DATUAN



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00984 the funeral ages 1 and 2 rs after death. ithin 24 hours after death 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission)
o. STATE USAGEMA b. COUNTY HELINGTON 1. PLACE OF DEATH o. COUNTY MONTGOMERY von papers. Pages i within 72 hours after MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate I mits, write RJRAL and give nearest fown) Buclosiobbe mos. Arlington ROCKVILLE d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito), give street oddress) e. IS RESIDENCE ON A FARM? 4310 12th Road, S NO 3x POTOMAC VALLEY 3. NAME OF Middle 4 DATE Lost Month Doy Year DECEASED OF DEATH Bond 15 MAE MUNARO JANUARY 19 6 (Type or print) B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Dovs Hours **ATTENDING PHYSICIAN:** The law requires that the death certificate be exec any WIDOWED DIVORCED 10o USLA, OCCUPAT ON (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT and in EQUNTRY? during most of working life, even if retired) Own Home NEWARK, NEW JERSEY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal, BOND 6-1-0866 BERTHA REBECCA FLAMMER IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. 112104 Devilwood Dr. (Yes, no, grunknown) (If yes give wor or dates of service) Ы 212-16-2 E. Maunard 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) road (c)) PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse the fter this certificate has been GS . PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? NO X 205, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town). (County) (Stote) Hour om. factory, street, office bldg., etc.) Not While 2). I certify that (1) (this hospital) attended the decoased from\_ M, fram causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive on 19/ond that death accurred at 232 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING DIRECTOR M.D. PHYS. director, page shauld be filed 22d ADDRESS 22t. PHYSICIAN'S NAME (Type) 615 Montgomery Ave 23d. LOCATION (City or Town) 23b. DATE THEREOI NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, REMOVAL (Specify) Burial Rockville. Maryland Parklawn Cemetery 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) MADATE 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Tem #2a, b, c, & d 1, 7 72334 1215227 pc DEATH CERTIFICATE death. requires that the death certificate be executed within 24 haurs after death filled in by the funeral papers. Pages Land 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence, before admission 1. PLACE OF DEATH o. STATE o. COUNTY MARYLAND b. City OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 15 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest (own) write RURAL and give negrest town **FUNERAL DIRECTOR:** After this certificate has been signed by the attending etherap and campletely filled in by t director, page 3 should be detached far use as the burial-transit permit. The place remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 12 mous. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address NO DE NAME OF DATE Year DECEASED OF 196 DEATH (Type or print) IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR 7. MARR ED **NEVER MARRIED** tost birthdoy) Months Doys Hours DIVORCED WIDOWED 70 yrs 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 1) BIRTHPLACE (County & State or foreign country) COUNTRY 2 INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) INTERVAL BETWEEN DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been last 19. WAS A JTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port Tor Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or lown) (County) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While 19 ot work ot work 21. I certify that (1) (this haspital) attended the deceased from Twice ta/an and that death occurred at 300M, from causes and on the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 23d LOCATION (City or Town) (Stote) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, INCOLN Geo. 25b. REGISTRAR'S SIGNATUR 250. REC'D BY REGISTRAR 8655 VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00086 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00985 FOR STAT DFPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased used if institution: Residence before admission) a. COUNTY a. STATE **b** COUNTY and 2 with the State Department af PM3. Page MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURA, and give nearest tawn) b. CITY OR TOWN (If autside corporate limits, and write RUBAL and give nearest town) Tresda. IS RESIDENCE ON A FARM? d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Office along with farm Item 18. Give Pages YES NO. This certificate shauld be executed within 24 hours after death. NAME OF Middle DATE Manth Lost Year DECEASED OF 19 62 (Type or pant) MCRV DEATH 9 AGE (In years IF UNDER IF UNDER 24 HR 5 SEX Slast b rthday) 6. COLOR OR RACE 7 MARRIED NEVER MARRIÉD Manths Hours Days after death WIDOWED DIVORCED Ob. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o. USJAL OCCUPATION (Give kind of work done (State or foreign country COUNTRY? dupme mast of working ite, even if retired) INDUSTRY stiller time 13 FATHER S-NAME pencil MOTHER'S MAIDEN NAME within 72 haurs farwarded to the Chief Medical Examin 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT/ Address (Yes, ng, ar Enknown) (If yes give war ar dates of service) Second WERL du AX204-01-5356 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY: in any event IMMEDIATE CAUSE (a) writing the ward DUE TO Cand tians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause and 19 WAS AUTOPSY PERFORMED? remaval, PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION should be 2Do EXTERNA, CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18.) 3 shauld PRIMARY ar CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL 20e PLACE OF INJURY (Home, form, 20f (City or town) 2Dd INJURY OCCURRED (County) 20c. TIME OF INJURY Manth, Day, Year Haur a m. factory, street, office bldg., etc.) Not While at work at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry X. ond in my opinion FUNERAL DIRECTOR: death resulted from: Noturol couses Suicide Homiciae Undetermined monner funeral director. retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE e e DEPUTY MED CAL EXAMINER X **EXAMINER'S** Health ! NAME (Type) Address (Street, city, town, or county) John G. Ball 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION 23b DATE THEREOF (County) 0 REMOVAL (Specify) Pa. Franklin Quincy Quincy Buria. ADDRESS 25a REC'D BY REG STRAR 25b. REGISTRAR S SIGNATURE **FUNERAL DIRECTOR** VR A 15ME (5) Waynesboro Pa. 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00987 CERTIFICATE OF DEATH 00986 The law requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MARYLAND ontgomery c CITY OR TOWN (If outside carparate limits, write RURAL and give negrest tawn) b CITY OR TOWN (If butside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest tawn) remave carban papers. Pag n any event, within 72 hours 10 mo e. IS RESIDENCE ON A FARM? d NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRES Manor Sanitarium on gressional YES . NO DO 3 NAME OF Middle DATE Month Year DECEASED QF. Miller Elizabeth (Type or print) DEATH S SEX AGE (In years 15/UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH lost birthday) Manths Hours White 2-31-1872 Female X WIDOW DIVORCED 10a. USLAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) ease during most of warking life, even if retired) COUNTRY? INDUSTRY ashington. Home maker Nome 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME arrison Co WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates of service See Item No. 2 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PARY I DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by **DUE TO** burial, Conditions, if ony, which gove rise to immediate cause (o), **DUE TO** stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been as the last. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) USe NO Page 4 may be retained by the haspital ar far 20a ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour a.m. Not While at work at work 2). I certify that (I) (this haspital) attended the deceased fram\_ , 1947, to Jan 17, 1967, that (1) (we) lost pinous 1967, and that death accurred at 2 30 M, fram causes and an the date stated above. saw the deceased alive an\_\_\_\_ Jan 17 226. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR 22d ADDRESS 27C PHYSICIAN S NAME (Type) OHARLES W. OROMAN 712 EYE ST, NW-WASIF director, shauld 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF (County) (State) Removal (Specify) West Point Cemetery West\_ 967 25b. REGISTRAR'S SIGNATURE 25d. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** Sons, VR A15 (4) 20 M 1/66 Gawler 's lorel Pur

. . 4 . .

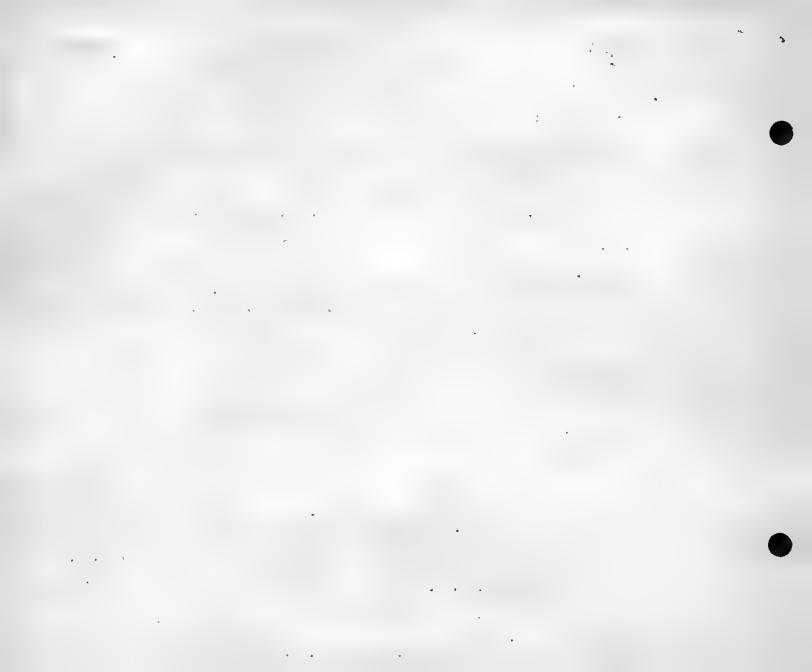
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2 hit. Thèn please remave carban papers. Pages I and 3 directional, and in any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY 1/3 h COLINTY MARYLAND b CITY OR TOWN (If outside Corporate limits C LENGTH OF STAY IN 16 c. CITY OR TOWN write RURAL and give negrest talup) campletely filled in e IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS NO NAME OF DATE Doy Year DECEASED OF DEATH (Type or print) SEX AGE ( n years 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours WIDOWED DIVORCED attending physician and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR LACE (County & State, or foreign country) 12. CITIZEN OF WHAT na most of working life, even if retired) INDUSTRY COUNTRY? tirea FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO (Yes, ng. or unknown) (If yes give war or dates of service) perm director, page 3 should be detached far use as the burial-transit peri should be filed with the State Dept. of Health priar ta burial, cremation, signed by the c burial-transit p IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSETLAND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO has been a stating the underlying couse lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate YES 20g ACC DENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While at work 21. I certify that (I) (this haspital) oftended the deceased from. and that death occurred at 33 AM, from causes and on the date stated abave sow the deceosed alive on-220 SIGNATURE DATE SIGNED MED. DIRECTOR **ATTENDING** STAFF PHYS. M.D. PHYS 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) BURIAL, CREMATION 23b ,DATE THEREOF 23c. MAME OF CEMETERY OR CREMATORY DEMOVAL (Spenty) EUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00989 CERTIFICATE OF DEATH 00988 death. funerol l ond 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) O. COUNTY rely filled in by the funerbon popers. Pages 1 or within 72 hours offer d MARYLAND c CITY\_OR JOWN (If outside cosporate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If autoide corparate limite) c LENGIH OF STAY IN 16 Write BRAL and give peopsi town of a Roma Furk d STREET ADDRESS d NAME OF MOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? NO TX Middle A DATE 3. NAME OF Year DECEASED DEATH (Type or print) emecuted IF UNDER S. SEX AGE (In years. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birtinday) Months Doys 10-8-1900 Hours W WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR SAN INDUSTRY 11. BIRTUPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life every retired COUNTRY certificate 14 MOTHER SMAIDEN NAME 13. FATHER'S NAME or remova WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Margaret Dr (Yes, no, or unknown) (If yes give war or dotes of service) 216-44-9254 buriol, cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line-(a; (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY /IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave (b) nse to immediate cause (a), DUE TO stating the underlying couse PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? NO YES [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur o.m. Not While factory, street, affice bldg., etc.) of wark 21. I certify that (I) (this haspital) attended the deceased from. ta\_/ saw the deceased alive an 2 mo male and that death occurred at 7.584 M, from causes and on the date stated above 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S HOSPITAL 10LOHIN 831 University Blud. NAME (Type) 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) 230 BURIAL CREMATION 23b. DATE THEREOF BREMOVAL (Specify) Rock Creek Cemetery Washington, D. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Md DATE JAN VR A15 (4) Silver Spring.



RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 00992 CERTIFICATE OF DEATH ond completely filled in by the funeral remove corbon papers. Pages I /and 2 in ony event, within 72 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1 PLACE OF DEATH o. COUNTY Montgomery County MARYLAND Montgemery OR ATTENDING PHYSICIAM: The law requires that the deoth certificate be executed within 24 hours after c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) CLENGTH OF STAY IN 15 Bethesdam Maryland Bethesda 2 months d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 7110 Exeter Road, Bethesda YES 🗍 NO 🐷 Resmor Sanitarium 3. NAME OF Middle Last 4. DATE Year First Day DECEASED 6 1967 (Type or print) DEATH Morianty JE LINDER 24 HRS S SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Female White 4/25/82 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) Supervisor-Tel. Co. COUNTRY? INDUSTRY Retired Ireland U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremotion, or removol Mary Lucey Maurice Timothy Moriarty 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Sister Address (Yes, no, or unknown) ((If yes give wor or dotes of service) Teresa Moriarty Same as Item 2. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) signed by the buriol-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pulmonary Edema IMMEDIATE CAUSE (a) \_\_\_\_ Page 4 may be retained by the hospital or attending physician.

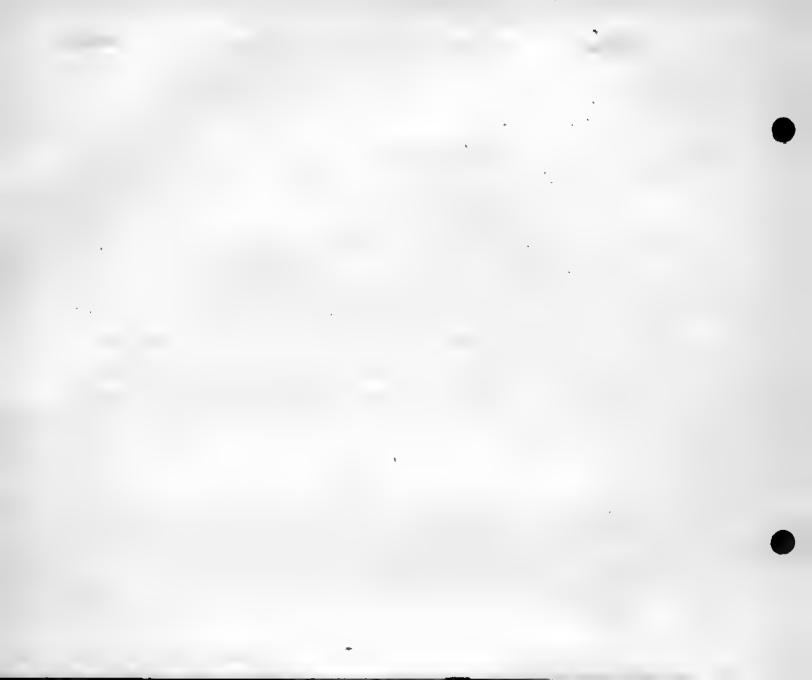
O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state of the DUE TO Hypoproteinemia sec. to Inanition sec. to 3 mos Conditions, if any, which gave rise to immediate cause (a). DUF TO for use os the b f Health prior to b stating the underlying couse Metastatic disease, sec. to Breast Cancer 7 or 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) AEDICAL CERTIFICATION NO V artericaclor sie 200 ACCIDENT WAS UNDERLYING E 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg, etc.) Not While Haur o.m. ot wark at wark 2) I certify that (!) (this:hospital) attended the deceased fram Sept . 19.67, that (1) (we) last , 1939 , ta / 1/4 1967, and that death accurred at 5:10AM, from causes and an the date stated above. saw the deceased alive an Nove 22b. DATE SIGNED 22n SIGNATURE ATTENDING PHYS \* 1-6-67 director, page 3 should be filed v DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type Habneb Bacchus, 11. D. 730-24th Street, d. W., ...sh., D. C. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23a. BURIAL CREMATION, REMOVAL (Specify) St. John's Cemetery Worcester, Mass. Burial -t rabsit 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 PUMPHREY, Bethesda, Maryland DATE



A CONT	1.	, I	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
) } j	180	1		TE OF DEATH	00992 /			
	executed within 24 haurs after death? Id campletely filled in by the funeral emave carban papers. Pages 1 and 2 any event, within 72 haurs after death		PLACE OF DEATH  o. COUNTY  Montgomery  MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if institution, a. STATE b. COUNTY Maryland				
٥	rs att	Γ	b CITY OR TOWN (If autside carparate limits, C LENGTH OF STAY IN 16 write RURAL and give nearest tawn)	C. CELL OK TOWN (II duiside carparate limits, write KUKAL	and give nearest town)			
	hau in by rs. F	-	Bethesda 36 days d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address)	Hyattsville, d. STREET ADDRESS	20782 e IS RESIDENCE			
	n 24 Illed pape in 72	K.	The Clinical Center, Bethesda, Md. 20014	~	ON A FARMLY			
	kecuted within campletely fi nave carban ny event, with		3 NAME OF First Middle	last 4. DATE Manth OF OF DEATH Januar	Doy Year			
	ond camplete remave carlin any event,		S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years III	F UNDER 1 YEAR   IF UNDER 24 HRS. Manths Days Hours Min			
			Male White WIDOWED DIVORCED  10a JS JAL OCCUPATION (Give k nd of work dane during most of working life, even if retired)  Child  UDOWED DIVORCED  DIVORCED  INDUSTRY	26 August 1961 5 yrs 11 BIRTHPLACE (County & State, or foreign country) Washington, D.C.	12. CITIZEN OF WHAT COUNTRY?			
1	physici physici nen pien	-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1 058			
,	he death ce attending   permit. The tian, ar remo	-	John J. Moriarty  15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 (Yes, no, or unknown) [(If yes give wor or dotes of service)]	Ann J. Alexander  INFORMANTTHE Medical Record  Oddress	20014			
-	atte atte perm jan, c			<u>e Clinical Center, Bethesda</u>	, Maryland			
	requires that the death certificate be g physician. I signed by the attending physician or signed transit permit. Then please is burial, crematian, ar remaval, and in		PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Pseudomonas Sept  DUE TO	icemia	ONSEL AND DEATH			
	equires physici signed burial- burial		Canditions, if any, which gove (b) Acute Lymphocyti	c Leukemia	21 Years			
	ndin beer s the ior to		last. (c)					
F	들으드용드	/	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PEREDRMED? YES A NO			
	■ 信号を	/	20a ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or Port II of item 18.)				
9	JING PHTS by the has ifter this ce be detache State Dept.	2	P.m. 17   atwark L. atwark L.	LACE OF INJURY (Home, farm, 20f. (City or town) actary, street, affice bldg., etc.)	(Caunty) (State)			
	ned by Aft and by and by the St		21. I certify that (*) (this haspital) attended the deceased fram saw the deceased alive an <u>Jan. 10</u> , 19 <u>67</u> , and the	December 5, 19 66, to January 10 at death occurred at 4:10M, fram causes and	O, 19 <u>6</u> 7 that (A) (we) last d an the date stated abave			
	OK ALLEN be retained SIRECTOR: /		220 SIGNATURE Con Thurston Miles	M.D. ATTENDING MED STAFF M.D. PHYS. DIRECTOR PHYS.	22b. DATE SIGNED 11 January 1967			
	D HOSPITAL OK ALLENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	/	22c PHYSICIAN'S NAME (Type) Roland T. Skeel, MD.	22d ADDRESS The Clinical Cent Institutes of Health, Be	er. National			
3	lo Hosrilat Page 4 may ro FUNERAL I directar, pag shauld be fil	7	230 BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF BURIAL 1/13/1967 FORT LINCOL		(Caunty) (State) GES. MARY LAND			
\$	Λ	P	24. FUNERAL DIRECTOR ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGIS	TRAR S SIGNATIFRE			
	VR A15 (4) ( ~	X	HYSONG'S FUNERAL HOME-1300 N ST., N.W. V	VASH. D. CDATE JAN 16 1967 2	liarles Judge			



1 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
FOR STATE		00994	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00993		
HEALTH DEPT		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institution of STATE b. COUNTY			
2, and 3 to PM3. Page oortment of affer dath	12	nontaomery	MARYLAND Maruland			
delay and 3 M3. Po	1 /	CITY OR TOWN If outside corporate limits, write RURAL and give neares town)	c LENGTH OF STAY N Ib c'cify OR TOWN (If outside corporate limits, write RJRAL	and give nearest town)		
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th If a ges 1, a farm forte De hours		Wash San, 7	- Hospital 1501 Palmer lan	YEY NO Z		
ofter deoth If any delay 8. Give Pages 1, 2, and 3 along with farm PM3. Powith the State Department within 72 hours after deat		IAME OF Firs	CII W I OF	Day Year		
ofter d 8. Give along v with the		Type or pnnt)  EX 6 COLOR OR RACE	7 MARR ED NEVER MARRIED TO 8 DATE OF BIRTH 9 AGE (In years	F UNDER 1 YEAR   IF UNDER 24 HRS		
within 24 hours ofter deoth If an pencul in Item 18. Give Pages 1, Examiner's Office along with farm File pages 1 and 2 with the State Delond in any event within 72 hours	7	emple White		lanths Days Hours Min		
hin 24 hours ncil in Item 11 niner's Office pages land 2 v in any event	10a durii	USUAL OCCUPATION (Give kind of work daneing most of warking life, even if retired)	10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country)	12 CTIZEN OF WHAT		
n 24 Il in l ier's l ges 1 any		FATHER'S NAME	Jakomark, ind	U.S.		
within pencil camine le pogi nd in o		Harry D. m.	agleu Jelan Janon			
	15 (Yes	WAS DECEASED EYER IN U.S. ARMED FORCES? , na, or unknowe? ((If yes give war ar dotes of	16 SOCIAL SECURITY NO 17 INFORMANT Address			
e execute pending" ef Medical isit permit	-		Jather - Harry D. h	056/64		
nauld be executed within 24 hours ofter deoth word "pending" in pencil in Item 18. Give Page the Chief Medical Examiner's Office along with frial-transit permit. File pages 1 and 2 with the Station, or removal, and in any event within 72 h	П	1B. CAUSE OF DEATH (Enter only one cous PART I. DEATH WAS CAUSED BY:	e per line for (a), (b), and (c).)  Cardiorespiratory failure due to congenit	ONSET AND DEATH		
ord ord e Ch	П	754.2 DUET		4.4		
ote shauld be e 3 the word "per 3 to the Chief ! a burial-transit cremation, or re			heart disease (Interventricular Septal De	fect.		
ficote ing th rded 1 os a os a		stating the underlying cause lost	o Patent Foramen Ovale, and Patent Ductus A	rteriosus)		
MEDICAL EXAMINER: This certificate shauld please execute the certificate, writing the word director. Page 4 should be forwarded to the Cherianed for your files.  DIRECTOR: Page 3 should be used as a burral-traffic designated agent, prior to burial, cremation,	z.	· ·	NTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?		
his cate, e for be u	CERTIFICATION			YES NO		
AMINER: This at the certificate, a 4 should be four files. ge 3 should be ogent, prior to	ERTIF	200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of Item 18)			
AL EXAMINER: execute the certification of the certi	MEDICAL	20c. T ME OF INJURY Manth, Day, Year	20d INJJRY OCCURRED   20e PLACE OF INJURY (Hame, form,   20f (City or town)	(County) (State)		
KAM te th ye 4 your oge		Hour a.m. p.m. 19	While Not While at work at work			
AL EXA xecute . Poge for you OR: Pog			af the remains described above, held an Autapsy X, Inspection X, Inquiry			
MEDICAL EX Meose executions of director. Poge et ained for ty DIRECTOR: Poge designoted	Ш	death resulted from Natural	causes  X  Accident   Suicide   Homicide   Underermined mani	ner		
P ME pleo. pleo. of direction retain its de its de	11	ACTUAL SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER [	22 DATE SIGNED		
or See 7		EXAMINER'S BELOE	DEPLOY MEDICAL EXAMENTED OF COUNTY) W	W. 12 1987		
o DEPL necesso the fun 5 moy 0 FUNE Health	230	BURIAL, CREMATION, 236 DATE THER	EOF 23c NAME OF CEMETERY OF EREMATORY 23d LOCATION (CHIEF TOWN)	(County) / (State)		
1	0.	KEMINA JORGAN L JAN 13	, 1967 Murdy's Bryon Jani. Com Strange	Tenna.		
VR A15ME (5) 6M 1/66	24	FUNERAL DIRECTOR STARLE TA	254 Confice State State 1 AN 16 1007 0	TRAR'S SIGNATURE		
OM 1700	4		10 10 1967 Y	marily judge		



W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate timit LENGTH OF STAY IN 16 c. CITY OR TOWN of outside corporate limits, write RURAL and give neerest town write RURAL and give neerest town) Pages 1 urs after vears 5 Kensington Kensington filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE hours ON A FARM? 10415 Fawcett Street completely YES . NO D papers. NAME OF Middle Month Year 72 DECEASED OF (Type or print) DEATH within 19 and cor COLOR OR RACE | 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months event Hours WIDOWED physician remove IDs. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired Germany Germany Housewife 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME Ξ. attending Carl Helwig pue Unknown Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Husband Address permit. The (Yes, no, or unkown) | (If yes pive war or dates of service) Same as Item 2. No Wilhelm Muhlhausen the aftending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e). INTERVAL BETWEEN been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1. infarction IMMEDIATE CAUSE (e) cremation, burial-transit DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stating the underlying has ceusa lest. the buri the hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 19. WAS AUTOPSY 8 2 **PERFORMED** prior YES NO 20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of itam IB.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Health DIRECTOR: After the should be detached MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, form, 2Df. (City or town) (County) (State) While factory, street, office bldg., etc.) ö Not While et work et work 19.46 to J. Q.M. 15.19.66, and that death occurred at A.M. from the causes and on the date stated above saw the deceased alive on 22e. SIGNATURA 22b. DATE ATTENDING SIGNED L-30**-**67 HOSPITAL Jeath, Page 4 FUNERAL **PHYS** DIRECTOR PHYS. M.D. rector, page Washington. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23e. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) REMOVAL (Specify) g g g Prince George County Ft. Lincoln Cemeters Burial 24 FUNERAL DIRECTOR'S SIGNATURE 2Se. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE YR A1S (4) PUMPHREY, Bethesda, Maryland DATE 2DM S-63

Wr. Ball notified and oppnoed. Efferhelme

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00995 death PHYSICING: The law requires that the death certificate be exacuted within 24 haurs after daath funeral 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH p. COUNTY o. STATE b. COUNTY .... MARYLAND and in any event, within 72 haurs after LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits papers. d. STREET ADDRES e. IS RESIDENCE ON A FARM? d, NAME OF HOSPITAT OR INSTITUTION (If not in hospital, give street address) NO S 3 NAME OF 4. DATE Yeor First OF DEATH DECEASED (Type or print) 19 YEAR IF UNDER 24 HRS AGE (In years IF UNDER S. SEX 6. COLOR OR RACE DATE OF BIRTH **NEVER MARRIED** flost birthdov) Months Dovs Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) physicit 13 FATHER SANAME MOTHERS MAIDEN NAME ar remaval 17 INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service) burial, crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per la for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) signed by Conditions, if any, which gove rise to immediate couse (o), DUE TO stoting the underlying couse this certificate has been Health priar ta PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS ALTOP PERFORME 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) 20o ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d, INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While ot work ot work TO FUNERAL DIRECTOR: After be retained by 21. I certify that (1) (this haspital) attended the deceased fram of the state of t 1967, and that death occurred at M, fram causes and on the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 should be filed v M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS 22c Mayloth (AME (Type) John 23o. BURIAL CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City-or Jown) (County) (Stote) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00997 CERTIFICATE OF DEATH burial-transit permit. Then please remave carban papers. Pages 1 and 2 burial, crematian, ar remaval, and in any event, within 72 haurs after death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE a. COUNTY b. COUNTY monta MARYLAND b CITY OR TOWN (if outside corporate c. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town) .E e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS and campletely filled remave carban pape NO K YES 3. NAME OF DATE Lost Doy Year DECEASED OF (Type or print) DEATH 1967 SEX AGE (In years F JNDER 1 YEAR LIF UNDER 24 HRS NEVER MARRIED DATE 7. MARRIED lost birthdoy) Months Dovs Hours WIDOWED DIVORCED and 100 USJAL OCCUPATION (Giye Kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life (even if retired) INDUSTRY, COUNTRY? physician en please askenaton. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Pleural effusion and pulmonary edema. IMMEDIATE CAUSE (a) DUE TO Viral myocarditis 3 days Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO priar ta k stoting the underlying couse TO FUNERAL DIRECTUR: After this certificate has been as the last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) directar, page 3 should be detached far use should be filed with the State Dept. of Health YES 🖂 NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20¢ TIME OF INJURY Month, Doy, Year //(County) (Stote) foctory, street, office bldo. etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased from\_/ of to \_ , that (1) (we) last Page 4 may be retained M. from causes and on the date stated above. saw the deceased alive on and that death occurred at 220. SIGNATURE 22b. DATESIGNED ATTENDING M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIA., CREMATION, (County) (Stote) 1/16/67 Lincoln Memorial Ceme. Maryland 256. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) Funeral Home-4001 Benning Rd., 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



1 DIVISION OF STATISTIC	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
2000	CERTIFICATE OF	DEATH	00997		
1. PLACE OF DEATH	2. US	BUAL RESIDENCE (Where decassed live	ed, If institutions Residence before admission		
COUNTY Gazage			county to		
b. CITY OR TOWN of outside corporate write RURAL and give nearest town		CITY OR TOWN (If oulside corporate limits			
alnew - Ti	re. 17 Months	Allow the	to ge		
d. NAME OF HOSPITAL OR INSTITUTION	ON (if not in hospital, give street address) d.	STREET ADDRESS	O. IS RESIDENCE		
3. NAME OF	e foundation 17	3/6 Neagle	LULU . YES NO L		
DECEASED (Type or print)	N/op//	ACOA DEATH	Month Day Year		
5. SEX 6. COLOR OR R	ACE 7. MARRIED NEVER MARRIED 8. DATE	OF BIRTH 9. AGE (In	Years   IF UNDER 1 YEAR   IF UNDER 24 HRS.		
j= W	DIVORCED LA	last birth	Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of done during most of working life, even if	work I Joh KIND OF BUSINESS OF INDUSTRY I ALL IN	IRTHPLACE (County & State, or loreign Co			
pourewell.	4	Washington	M.C.		
13. FATHER'S NAME	14. MC	OTHER'S MAIDEN NAME	1 11		
15. WAS DECEASED EVER IN U.S. ARMED	Alex E	byskell De	Mally		
(Yes, no, or unkown) (If yes give war or date	esofservice) A 12 1(C) 15 21 AL.	TA:	Syoth HILL		
18. CAUSE OF DEATH [Enter only		ory Bachmen	COATESUILE FRANCE		
PART I. DEATH WAS CAUSED E	Y: FILMOURAY	1 ONYEST ION	ONSET AND DEATH		
	TO M. J. propins	Trousie.			
Conditions, if any, which	(b) MYOCHEDIAL	1SCHEMIA	1		
fall menual life ducestilling	TO MANSPINSPINSPINS	TIK DEDAT D	ICISDUST VOC		
Cause last.	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATI	ED TO THE TERMINAL DISEASE CONDITION	N GIVEN IN PART I(a) 19. WAS AUTOPSY		
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING   CAUSE OF DE.	TAKUMONIA: DEG	ANIC REALD SV	UDROME YES IN NO EX		
20a. ACCIDENT WAS UNDERLYING	206. DESCRIBE HOW INJURY OCCURRED. (Enter	nature of injury in Part I or Part II of Item I			
	ATH				
20c. TIME OF INJURY Month, Day		UURY (Home, farm, 20f. (City or lown)	(County) (State)		
	19 at work at work		,		
21. I certify that (I) (this he	ospital) attended the deceased from.				
saw the deceased alive on		occurred atM, from the cau	ises and on the date stated above		
22 of SIGNATURE	/ / / / / / / / / / / / / / / / / / / /	TENDING MED. STAFF	22b. DATE SIGNEI		
22c. PHYSICIAN'S		d. ADDRESS			
NAME (Type) Alv. K	breed Tuis Ph. D	alney, M	UL 1		
23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)	THEREOF 23c. NAME OF CEMETERY OR CREA	MATORY 23d, LOCATION (C	ty, town or county) (State)		
BURIAL 1/14	167 KOSE HILL CEME		STOWN Md.		
24 EUNERAL/DIRECTOR'S SIGNATURE	Wasse Varion mol	144 10 100	5. REGISTRAR'S SIGNATURE		
July on range	ragnifican mic.	DATE JAN 16 196	Charles Judge		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00999 CERTIFICATE OF DEATH be executed within 24 haurs after death and 2. USUAL RESIDENCE (Where deceased fived, if institution. Residence before admission) 1. PLACE OF DEATH a. COUNTY o. STATE COUNTY Montgomery MARYLAND b CITY OR TOWN (f autside corporate limits, write RURAL and give negrest town) C LENGTH OF STAY IN 16 CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Bethesda 170 days Panama City d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS B. IS RESIDENCE ON A FARM? 1/1/\* Everitt Street NO D 3 NAME OF Middle 4. DATE Month DECEASED OF DEATH Shafter Bibv Newton January 19 67 (Type or print) IF UNDER 1 YEAR S SEX 9. AGE (In years last birthday) IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Days Hours and in any WIDOWED DIVORCED 28 November 1901 White Male 10a JSJAL OCCJPAT ON (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT please during most of working life, even if retired) **INDUSTRY** COUNTRY? attending physician sermit. Then please Attendent

13. FATHER'S NAME Filling Station Alabama USA 14. MOTHER'S MAIDEN NAME burial, crematian, or remaval, Torance Newton Fannie Eldridge IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. INFORMANT The Medical Records The law requires that the death 261-10-6197 The Clinical Center, Bethesda, Maryland No signed by the c burial-transit p 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN 2-3 minutes Cardiac arrest IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove Cryptococcal meningoencephalitis l vear rise to immediate couse (o), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPS!
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES X NO F į 20g. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (State) Not While factory, street, office bldg., etc.) of wark L at wark 21 I certify that (1) (this haspital) attended the deceased from 31 July \_\_\_\_, 19 66 , to 17 Jan. , 19 67, that (1) (we) last Page 4 may be retained director, page 3 should should be filed with the 19 67, and that death accurred at 11:00M, fram causes and an the date stated above. saw the deceased alive an \_\_\_\_ 17 Jan. P.M. 220. SIGNATURE 22b. DATE SIGNED ATTENDING January 18,1967 M.D. PHYS 22c. PHYSICIAN'S Clinical Center, National NAME (Type) Rob Roy MacGregor, Institutes of Health, Bethesda, Md. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) Panama Horida Mellville (emetery urphy tune 1988s Home 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M T/66 dington, Virginia



- 1 - I	tems 18&21 Film 387 3-29MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	ACOCO MEDICAL EVAMINEDIS CEDTIFICATE DE DEATH
be executed within 24 hours ofter duoth. It any delay is punding in per 1, 2, and 3 to hief Medical Examine Office along with farm PM3. Page HIP ansit permit. File pages lond 2 with the State Department of the permit within 72 hours after death.	1. PLACE OF DEATH  O. COUNTY  D. CITY OR JOWN (If outside conforate limits, riterial)  D. C. CITY OR JOWN (If outside conforate limits, riterial)  D. C. CITY OR JOWN (If outside conforate limits, riterial)  D. C. CITY OR JOWN (If outside conforate limits, riterial)  D. C. CITY OR JOWN (If outside conforate limits, riterial)  D. C. CITY OR JOWN (If outside conforate limits, riterial)  D. C.
TO DEPUTY MEDICAL EXAM necessory, plemss executs the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR, Page Health prior to buriol, cremarks	Solid   State   Stat
VR A 15ME (5)	Simpling Bros 1661 Good Hope Bd SE Magh DC DATE JAB 31 1967 Clarles Judge



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) e. COUNTY Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town] Silver Spring Silver Spring years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) e. IS RESIDENCE ON A FARM? 9709 Saxony Road 9709 Saxony Road YES NO . 3. NAME OF Middle Month DECEASED DEATH January 15 (Type or print) Mary Sourse. 19 67 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX last birthdey) Months WIDOWED V DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) Own home Dayton, Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Net Margaret Miller 9709 Saxony Road Silver Spring, M 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17 (Yes, no, or unkown) | (Ifyes give we ror detes of service Isabel Niehus Ŋο 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) geve rise to immediata cause DUE TO (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. CERTIFICATION PERFORMED? NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stele) 20d. INJURY OCCURRED ! 20e. PLACE OF INJURY (Home, farm. (County) 20c. TIME OF INJURY Month, Dey, Year fectory, street, office bldg., etc.) While Not While Hour a.m. el work et work 21. I certify that (I) (this hospital) attended the deceased from. 1.1.7.14 15/67, 19...., that (I) (we) last ....19......., and that death occurred at 7.30 M, from the causes and on the date stated above 22b. DATE 22e. SIGNATURE DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S GEORGIA AVE WHEATON, MT 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Catholic Cemetery Washington, D 25. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 [4] 15M 7 62

DYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY a. STATE Pages I urs after Montgomery
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Montgomery Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b ease remove carbon papers. Pag and in any event, within 72 hours Damascus Damascus Ε, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS B. IS RESIDENCE ON A FARM? 26909 Howard Chapel Dr. 26909 Howard Chapel Dr. YES NO.K executed within completely 3. NAME OF First Middle Last Month Day Year DECEASED 0F 1967 W. Jan. Louie Noe (Type or print) DEATH 5. SFX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR) IFUNDER 24 HRS. 7. MARRIED OCT NEVER MARRIED last birthday) | Months | Days Hours and Male White WIDOWED DIVORCED .1892 74 Dec. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician certificate be INDUSTRY USA Indiana Farmer
13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME Milton Noe Louella Doughty 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit: cremation, or re 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) | (If yes give war or dates of service) 806-18-7621 W.W. Mrs Mary C. Noe Item 2 Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN requires that the ONSET AND DEATH -transi PART 1. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) been signed I the burial-trai or to burial, cre DUE TO Cenditions, If any, which (b) gave rise to immediate **DUE TO** (a), stating prior 1 underlying cause last. CERTIFICATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY PERFORMED? certificate hospital or NO YES o PHYSICIAN: this cerum detached for 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While After p.m. at work at work b the 21. I certify that (I) (this hospital) attended the deceased from 196 DIRECTOR: age 3 should lled with the 5P M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at\_ 22b. DATE SIGNED 22a. SIGNATURE page MED. DIRECTOR [ STAFF PHYS. ATTENDING X M.D. PHYS. Dal HOSPITAL FUNERAL RHYSICIAN'S ADDRESS 22c. 22d. director, p should be 1 NAME (Type) James P. Kerr. M.D. Damascus, Md. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. 2 Jan.13.1967 Burial Pine. Grove REC'D BY REGISTRAR 25b. GNATURE FUNERAL DIRECTOR Opin L. Molesworth, Damascus, Md. A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01003 CERTIFICATE OF DEATH 01002 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY **b** COUNTY MARYLAND executed within 24 haurs after b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town luer 5 prings aurilaund e, IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS burou YES 3. NAME OF Middle Doy Lost Year DECEASED DEATH 19 10 (Type or print) 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 7. MARRIED last birthday) Months Doys Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during plost of working Me, even if retired) INDUSTRY COUNTRY ? n a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ph e 15. WAS DECEASED EVER IN U.S. ARMED FOR CES?
16 SOCIAL (Yes, na, or unknown) ((If yes give wor or dotes of service) None INFORMANT 16 SOCIAL SECURITY NO. IB. CAUSE OF DEATH (Enter only one couse per line for fo) (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse as the prior tal lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO F 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM-NER (County) (Stote) 20e. PLACE OF INJURY (Home, form, (City or town) 20d. INJURY OCCURRED O FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg . etc.) Hour o.m. Not While of work at work 21. I certify that (1) (this haspital) attended the deceased from 300 10 to 5 190 7, that (1) (we) last 1967, and that death accurred at 5 150 M, from causes and an the date stated above. saw the deceased alive and 22b. DATE SIGNED 220. SIGNATURE aces DIRECTOR PHYS. M.D. PHYS directar, page should be filed 22c. PHYSICIAN NAME (Type) ROBERT C. MACON 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE THEREOF 23o. BURIAL, CREMATION REMOVAL (Specify)
Burial Arlington Natl Cem. Arlington, Virginia 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o. COUNTY 3 to Page 5 death deloy Deportment b CITY OR TOWN (If outside corporate imits, c CITY OR JOWN (If autside corporate limits write RURAL and give negrest-fown) 2, c. PM3. write RURAL and give nearest taxon OF HOSPIAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC olong with form hours ON A FARM? ote. YES NO NAME OF e Str DATE DECEASED OF with the (Type or print) DEATH S SEX AGE (In years 6 COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of work of life, even if retired) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? Exominer 13 FATHERS NAMI pencil MOTHER'S MAIDEN NAMI and 15 WAS DEVEASED EVER IN U.S. ARMED FORCES? INFORMANT 16 SOCIAL SECURITY NO (Yes, no. olulnknown) (If yes give wor or dotes of service) or removal, Dorothea 18 CAUSE OF DEATH (Enter only one couse per line-for (o), (b), and (c)) INTERVAL BETWEEN buriol-tronsit PART I DEATH WAS CAUSED BY MISET AND DEATH IMMEDIATE CAUSE (o) Word cremotion, DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO certificate stoting the underlying couse lost. buriol, 19 WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 0 201 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part) 20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH prior should agent, I 20é PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year Not While foctory, street, office bidg , etc.) Page / pleose execute of work its designated 21 I certify that Lipak charge of the remains described above, held an Autapsy 🔯 L DIRECTOR: and in my apinian for Inspection the funeral director. death resulted from Natural causes Accident Suicide Hamicide Undetermined manner retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY FUNERAL necessary, Health or **EXAMINER'S** CITY-TOWN TO LCOLITY) may NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) 90 REMOVAL (Spenfy) NATIONAL MEMORIAL PHIZK 250 REC'D BY REGISTRAR 2847 Wilson Bld. ARLINGTON VR A15ME (5) 6M 1/66

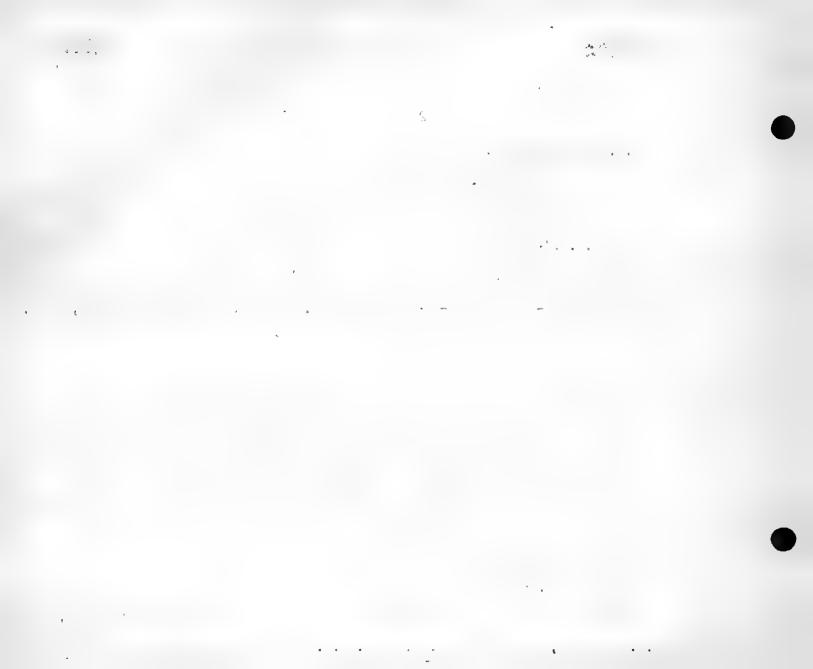


. 1.	It	ms 10-21 Film 385 2-6-MARYTAND STATE Division of STATISTICAL RESEARCH AND RECORD			21201
FOR STATE	1			CERTIFICATE OF DEATH	01004
HEALTH DEPT.	1	LACE OF DEATH COUNTY Montgonery MARYL CITY DR TDWN (if outs de corparate limits, c LENGTH DF STAY IN		2 USUAL RESIDENCE (Where deceosed lived, if institution Rio STATE	Montgomery
sath If any delay .s Pages 1, 2, and 3 to ith farm PM3 Page State Department of 2 haurs after death		write RURAL and give negrest town)	( 10	Gfen. Eche	101
ges 1, farm farm		NAME OF HOSPITA. OR INSTITUTION (If not in haspitol, give street address) 6432 Wis cassett Rd-		d STREET ADDRESS 6432 WISCOSS-17 R	Para Para Para Para Para Para Para Para
r deative Pagive Pagivith g with the Strin 72 him 72 him	L	AME OF FIRST PIRST Middle RCFASED (Ype or print) Anna Ruth	0	ECONNELL 4 DATE OF DEATH Jan	3 Year
24 hours after death in Item 18 Give Page r's Office alang with for a state of the	S	7e- W. WIDDWED & DIVORCED			INDER 1 YEAR   IF UNDER 24 HRS   Hours   Min.
24 hou in Item r's Office ny ee	dur	USUAL OCCUPAT ON (G ve kind of work done g mast af ways ing I fe, even if retired)  HOUSEWEE  INDUSTRY		11 BIRTHPLACE (State or foreign country).  MABBORHEUGITTS (MASS)	2 CITIZEN OF WHAT CDUNTRY?
I with no pencil Examine.	13	Patrick J. Maloney		Mary Louise Kel	lleher.
rxecuted and inding in Medical Experiment. Firefrance of may an impayal, and incomplete of the may and incomplete of the manual	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES?  In a security ND (If yes give war or dates of service)		NFORMANT Address HMES A. MALONEY (BRO	.) MARILLAND
LEXAMINER: This certificate should be executed with n 24 hours after death. If a cecute the certificate, writing the ward "pending" in penc. I in Item 18. Give Pages 1, Page 4 snould be farwarded to the Chief Medical Examiner's Office along with farm or your files.  R: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Deisted agent, prior to burial, cremation, or remaval, and in my event within 72 hours.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PRINCE IN G. A.		nol intoxication Acute	INTERVAL BETWEEN ONSET AND DEATH ONLY
shauld be e he ward "per ta the Chief ! burral-transit matian, ar re		Canditions, if any, which gave ] DUE TD  Chronic alco			1
ficate sing the ded to as a bit crem		rise to immediate cause (a), stating the underlying couse (c)			
This certificate cate, writing the be forwarded to be used as a be used as a be retained or the buriel, crements to buriel, crements to be the beautiful trements to be the beautiful trements to be the buriel, crements to be the buriel buriel buriel buriel buriels to be the buriel buriels to be the b	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT		· · · · · · · · · · · · · · · · · · ·	19 WAS AUTOPSY PERFORMED? VES NO
HED-CAL EXAMINER: This sose execute the certificate frector. Page 4 snauld be framed for your files.  IRECTOR: Page 3 should be IRECTOR: Page 3 should be	CERTIFICATION	CAUSE OF DEATH Drank too	CURRED (	Enter nature of injury in Part For Port II of item 18) the alcohol	
AL EXAMINER: execute the cert r. Page 4 snaul I far your files. IOR: Page 3 shau	MEDICAL	20c T ME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 2:00 Out of the pm Jan 2 19 67 While at work 2	20e PLAC facto	E OF INJURY (Hame, form 20f (City or town) The Glen Echo M	(County) (State)
AL EX execut execut rr. Pag of far y ror: Po		21. I certify that I took charge of the remains described abordeoth resulted from: Natural causes, Accident			
MEDICAL EXA please execute director. Page etained for you DIRECTOR: Page is also provided as a lessignated of the support of t		ACTUAL SIGNATURE John J. Bell	3010	CHIEF MEDICAL EXAMINER   M.D. ASSISTANT MEDICAL EXAMINER   A J. 37	22. DATE SIGNED
TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its lesignated age		EXAMINER'S NAME (Type)		DEPUTY MEDICAL EXAMINER Address (Street, city, tawn, or county)	67
TO D nece the 5 m TO FU Heal	230	BUR A., CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETI REMOVAL (Specify) 2 an. 6, 1967 GATE OF	- 1	REMATORY 23d LOCATION (City or Town)  EAVEN WHEATON, MC	(County) (State)
VR A15ME (5)	24	FUNERAL DIRECTOR DE COC2222 Wiss Ciry N.	We	Wash, DATE 148 1 3 1967 JC	ars signature lianles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01006 01005 executed within 24 hours after death. death sison of completely filled in by the funeral please remove corbon papers. Pages I and I, and in any event, within 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission. a COUNTY o STATE Maryland **b.** COUNTY Montgomery MARYLAND Montgomery b. CITY OR TOWN (If autside carparate l'mits write RURAL and give negrest town) c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carparate limits, write RURA, and give negrest town) Barnesville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ☐ No Iso 3 NAME OF Middle 4. DATE Last Month Year DECEASED OFFUTT Jan. 10,1967 (Type or print) CLARENCE 19 DEATH 5. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 7 MARRIED NEVER MARRIED pirthday) 12 Feb. 1883 Male White WIDOWED 11 BIRTHPLACE (County & State, or fareign country) 10g USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT the attending physioan and sit permit. Then please re The low requires that the death certificate-the COUNTRY? during mast at warking life, even if retired) INDUSTRY Maryland Farmer - Retired 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME orremovo Annie R. Jones William J. Offutt 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service 217-30-2267A-Lucile C. Offutt - Item # 2 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH RTERIOSCIEVOSIS Genil. IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospital or attending physician. Conditions, if any, which gave rise to immediate cause (a) **DUE TO** r this certificate has been si detached for use as the b te Dept. of Health prior to b stating the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) Trackeo-Bronchitis NO Z 20g ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I at Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 shauld be detache shauld be filed with the Stote Dept. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur a.m. O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram\_\_\_\_ sow the deceased olive an 12 - 12 186, and that death occurred at A, from couses and an the date stated above. 22b. DATE SIGNED 22an SIGNATURE STAFF PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) Jack Schumacher 105 Russell Ave. Gaithersburg 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BUR.AL, CREMATION REMOVAL (Specify) St. Mary's Barnesville, Md.
y REGISTRAR 25b. REGISTRAR'S SIGNATURE Buria 24. FUNERAL DIRECTOR Charles "heeler Funeral Home-1331 Rockville VR A15 (4) 20 M 1/66

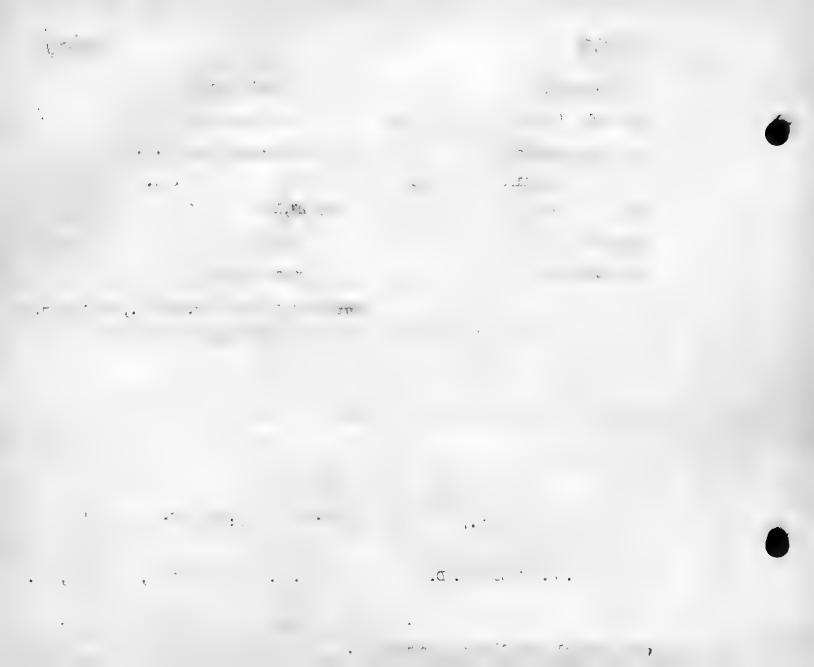
	tem 2:) Film 335 2-7-67 amMARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 30		201
FOR STATE	0400=		1006
HEALTH DEPT.	I. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution Resider	nce before admission}
oy 's 3 to Poge ent of leath.	MONTGOMERY MARYLAND	MICHIGAN WA	YNE
y deloy y ond 3 PM3 Poo ortment frer deat	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  BETHESDA  1/2 DAY	c CITY OR TOWN (If autside corporate limits, write RJRAL and giv	re nearest town)
f any deloy is 1, 2, and 3 to m. PM3 Poge Deportment of its after death.	BETHESDA  d. NAME OF HOSPITAL OR JASTITUTION (It not in hospital, give street address)	GROSSE POINTE WOODS	T o AC DECIDENCE
T-E 257/			e IS RESIDENCE ON A FARM?
Pages 1, with form vith form 72 hours	U.S. NAVAL HOSPITAL  3 NAME OF First Middle	1086 BRYS DRIVE NORTH	YES NO X
ofter death. 8 Give Page along with f with the Stati	DECEASED (Type or point)  John Walter OKARSKI	OF	
offer de 8 Give F along w with the		B DATE OF BIRTH 9 AGE (In years IF UNDER	27 19 67
d within 24 hours after death. If an pencil in Item 18 Give Pages 1, Examiner's Office along with form File begar and Items within 72 hours and It are event within 72 hours	MALE CAUC WIDOWED DIVORCED	28 JUNE 1942 last birthdoy) Months	Doys Hours Min
hours Item 1 Office and 2 event	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11 BiRTHPLACE (State or foreign country)   12 CI	TIZEN OF WHAT
2 L L	during most of working life, even featined) U.S. N. E	MICHIGAN	USA USA
hun 24 ncil in ninger's pegay in an	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
executed within 2 nding in pencil is Medicol Exominer permit. File page emovol, and in the pence of the pence	RALPH WALTER OKARSKI	REGINA BAGINSKI	
Part Fill The Control of the Control	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT 1086 BRYST DRIVE	NORTH
xecuter nding ' Medicol permit.	(Yes, no, or unknown) (If yes a ve wor or dates of service) 366-42-4693 RAL	PH W. OKARSKI, GROSSE POINTE WO	DDS, MICH.
This certificate should be executed within 24 hours cote, writing the ward "pending" in pencil in Item 15 be forworded to the Chief Medicol Exominer's Office be used as a burial-transit permit. File pages and 2 or to burial, cremation, or removal, and in the event.	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART 1 DEATH WAS CAUSED BY	. 0 0 60 /	NTERVAL BETWEEN
should be e te ward "per to the Chief N buriol-transit mation, or re	IMMEDIATE CAUSE (0) Lerebraf Column	A Pulmonony Edenia.	OMSET AND DEATH
ould vard he ( ion,	Conditions, if ony, which gove ) (b)		
sh to t burn	rise to immediate couse (a),		
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is certificate sho forworded to the used as a buriol, cremat	DADT II OTHER CICHICICANT CONDITIONS CONTRIBUTING TO REATH BUT HOT BELATER TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AJTOPSY
or cell	When diving in river under ins ruct bant color was a pulled out air hose 200 EXTERNAL CAUSE WAS 1200 DESCRIBE HOW INJURY OCCURRED	ions of Navy Diving school,	
	= 206 EXTERMA. CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Port or Port II of item 1B) -	75 25 10
<u>+</u>	E PRIMARY Bor CONTRIBUTING As above in Pa		
S a S ± S €			unty) (Stote)
AM e th our our	20c TIME OF INJURY Month, Doy, Yeor 20c INJURY OCCURRED 20e PLA 10:40 pm Jan 26 19 (7 of work 20 of work 21 of work 22 of work 23 of work 25 of	tory, street, office bldg ,etc) FOR ANACODÍA Washin ton	D.C.
MEDICAL EXA pleose execute I director. Page retained for you DIRECTOR: Page ts designated o	21 I certify that I taak charge of the remains described above, he		and in my apnian
lebral Experiments of the control of	death resulted fram: Natural causes 🔲, Accident 💢 Suic	cide, Hamicide, Undetermined manner	
MED alleose direct direct DIRECT DIRECT S desired	ACTUAL OL & F3.00	CHIEF MEDICAL EXAMINER	OO DAYE EICHER
Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	SIGNATURE	MD ASSISTANT MED CAL EXAMINER 1/28/6	22. DATE SIGNED
DEPUTY MEDICAL EXAM scessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR; Page salth or its designated age	EXAMINER'S NAME (Type) JOHN G. BALL	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	
TO DEPUTY necessary, the funero 5 may be TO FUNERA! Health or	230 BURIAL CREMATION, 236 DATE THERFOR 230 NAME OF CEMETERY OR		(County) (Stote)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	THE IEL 1/29-/6-7 MT OLIVET	DETROIT WAYNE	MICHIGAN
	24 FUNERAL DIRECTOR ADDRESS	250 REC'D BY REGISTRAR 25b REGISTRAR 5	CICNATURE
VR A15ME (5) 6M 1/66	W.W. CHAMBERS, 1400 CHAPIN ST, NW, WASH., I	D.C. DATE FEB 2 1967 /	arles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01008 CERTIFICATE OF DEATH 01007 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death ong 2 decith funerol I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institut an Residence before admissian) a. COUNTY o. STATE **b.** COUNTY MONTGOMERY eose remove carban papers. Pages 1 and in ony event, within 72 hours after MARYLAND CALIFORNIA b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) c. LENGTH OF STAY IN 1b Bethesda (rural) 14 days Inglewood d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) .⊆ d STREET ADDRESS IS RESIDENCE ON A FARM? filled Naval Hospital NO K 3726 Century Blvd NAME OF Middle Lost 4 DATE Month Dov Year and completely DECEASED OF DEATH Frances Anastasia OKUNEWICK January 11 19 67 (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR NEVER MARRIED IF UNDER 24 HRS birthday) Months Days May 6, 1906 Female WIDOWED DIVORCED Cauc 10o JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Wher business Trailer COUNTRY? Merrill, Wisconsin park 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Theodore Lapinski Rosalie Retka 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Ville, Md. 16. SOCIAL SECURITY NO. Address (Yes, no or unknown) (If yes give wor or dotes of service) 545 40 7905 James OKunewick, 14108 Arctic Ave., Rockcrematian. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY Obstruction large bowel IMMEDIATE CAUSE (o). vrs by the hospital or offending physicion. Carcinomatosis Conditions, if any, which gave Adenocarcinoma, large bowel rise to immediate couse (a), DUE TO stoting the underlying couse (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 1161 PERFORMED? Health 1 CERTIFICATION far use 20o ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTRFY MEDICAL EXAMINER) ¥ 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED TO HOSPITAL OR ATTENDING PH Poge 4 moy be retoined by the h TO FUNERAL DIRECTOR: After this 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 덽 Hour form. foctory, street, office bldg, etc.) Not While of work 21. I certify that (F(this hospital) attended the deceased fram Dec. 28 19 00 ta Jan. 11 1907, that (1) (we) last director, page 3 should should be filed with the sow the deceased alive an Jan. 11 19 67, and that death accurred oil 304 M, fram causes and on the date stated above. 220. SIGNATURE 226 DATE SIGNED Jan. 12, 1967 M.D. PHYS DIRECTOR 22c, PHYSICIAN'S 22d ADDRESS NAME (Type) KKNNEY LOOR MC USN Naval Hospital. Bethesda, Md. 230 BURIAL, (REMATION, REMOVAL (Specify) Burial 231, DATE THEREOF 1/18/67 123c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Tawn) (County) (Stote) Fort Rosecrans San Diego, California 24. EUNERAL DIRECTOR Tyson Wheeler Funeral Home, 1331 o 196 25b PEGISTRAR'S SIGNATURE East Montgomery Ave., Rockville, Md.

**K**. . .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01009 01008 The law requires that the death certificate be executed within 24 hours ofter death funerol 1 ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p. COUNTY o. STATE b. COUNTY after Montgomery MARYLAND Washington DC b. CITY OR TOWN (If outside corparate limits, c CITY OR TOWN (If outside carparate rimits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 write RURAL and give nearest town) ve corbon papers. Pag event, within 72 hours Washington DC Bethesda 13 Davs (rural d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS .⊑ Filled YES NO US\_Naval\_Hospital 1650 Harvard Street N.W. NAME OF First Middle DATE Year Day **DECEASED** (Type or pant) Basilia Olalla DEATH 67 Lopez Jan. S SEX 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED birthdey) Manths Days Hours Female Cauc WIDOWED DIVORCED puo 12. CITIZEN OF WHAT 10a. USLA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR LACE (County & Stote, or foreign country) COUNTRY? Spain during most of worktog life, even if retired)
Housewife INDUSTRY Spain 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clemente Lopez Juana Olalla 15. WAS DECEASED E LR IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give wor or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address . cremotion, or MariaCriado 1650 Harvard St., Washington, DC INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) signed by the burial-transit p burial, cremotic ONSET AND DEATH PART I. DEATH WAS CAUSED BY. CARCINOMA OF BREAST WITH WIDESPREAD METASTASIS IMMEDIATE CAUSE (o) the hospital or attending physicion. DUE TO Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO stating the underlying couse os the certificate has been (c) 19. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART I(o) for use of Heolth NO [ YES T 20b, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH defached (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (Caunty) 9 Haur o m. Not While factory, street, office bldg., etc.) OR ATTENDING of work FUNERAL DIRECTOR: After of work 21. I certify that (I) (this hospital) attended the deceased from Dec 26 saw the deceased glive on Jan 1 19.67, that (I) (we) last O HOSPITAL OR ATTEND Poge 4 moy be retoined director, page 3 should should be filed with the 77 A, from causes and on the date stated above. sow the deceased alive on and that death occurred at 220. SIGNATURE 226 DATE SIGNED ATTENDING 8 January 67 MD DIRECTOR 22c PHYSICIAN'S R Naval Hospital, Bethesda, Md. 23b DATE THEREOF 230 BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Washington 9 Mt. Olivet Cemeterv ADDRESSWashington DC250. RECD BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) DATE JAN Hanes Funeral Home 14th and Harvard St. 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 01009 01010 requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a physician and campletely filled in by the funeral free olease remave carbon papers. Pages 1 and PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Montgomery Washington. D.C. MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Bethesda (rural) 12 days Washington d STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) YES NO Naval Hospital. Bethesda. Md. 6623 Western Ave. Middl Geneive 3 NAME OF 4 DATE Year DECEASED Margaret CHNKENTER O'NETIL DEATH (Type or print) January AGE (In years lost birthdoy) IF UNDER I YEAR S SEX 8. DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1910 Months WIDOWED DIVORCED April 15. 7979 Female 56 Yrs Cauc 12. CITIZEN OF WHAT COUNTRY? 10o USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY Steelton. Pa. Registered Nurse-Housewife USA Thomas Daily Elizabeth McCoulagh IS WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 6623 Western Ave., N.W. (Yes, no, or unknown) (If yes give wor or dates of service) Charles J. O'Neill Washington D. C. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: HEPATTC FATT. INTERVAL BETWEEN signed by the c burial-transit po ONSET AND DEATH HEPATIC FAILURE AND RENAL FAILURE IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove nse to immediate couse (a), DUE TO stating the underlying couse has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS? PERFORMED? NO A YES [ TO FUNERAL DIRECTOR: After this certificate fa 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (Crty or town) (County) (Stote) 20e. PLACE OF INJURY (Home, form, 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m. Not While ot work L ot work 21. I certify that (1) (this haspital) attended the deceased fram 20 December 1966, to 2 January, 1967, that (0) (we) last saw the deceased alive an 2 January 1967, and that death occurred at 3.15 PM, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE 2 Jan. 1967 DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Peter T. Kirchner Naval Hospital Bethesda 1967. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify)
Burlal Harrisburg Dauphin, Holt Cross Pa. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Robert A. Pumphrey Timeral Home JAN 6 Meanles Ju VR A15 (4) 20 M 1/66 1967 7557 Wisconsin Ave., Bethesda, Md. DATE



24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physiciam.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removed by any event, within 72 hours after death. VR A15 (4) 15M 4-64

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01010

			07070					
1.	PLACE OF DEATH a. COUNTY,	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)					
	Montanne RV MARYLAND	a. STATE b. COUNTY	,					
_	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL :	and give nearest town)					
46		h.)	52 1					
_0	DIVER SPRING 1/2 months	WARRENTON	- to protection					
Λ	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?					
#	Ither Woodland nursing Home		YES NO					
3.	NAME OF First Middle DECEASED A	Last 4. DATE Month	Day Year					
	(Type or print) INIAR+hA TheresA B	Peilly DEATH 2/ 1	6 19667					
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	B. DATE OF BURTH  9. AGE (In years   IFUNDER 1   last birthday)   Months						
	7 WIDOWED DIVORCED	2-32-1875 199 yrs.	Days Hours Min.					
102	USUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR INDUSTRY   INDUSTRY		FIZEN OF WHAT					
uui	A .		I S					
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	104					
	211- 2211							
16	Kobert 1, D'Keilly	MARGARET HARTERY						
(X6	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. is, no, or unknown) (If yes give war or dates of service)	INFORMANT / Address						
	No							
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY:	11.102.6	ONSET AND DEATH					
	IMMEDIATE CAUSE (a)	ILURA	7,00					
	400.0 DUE TO							
	Conditions, if any, which (b) GRARALIZED	AR. ERIO SCLEROSIS	14R)					
	gave rise to immediate cause (a), stating the DUE TO		/					
	underlying cause last. (c)							
No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY					
ATI		•	PERFORMED?					
FIC	CO. LOOIDEUS WAS HUDERSWING CT. LOOK DESCRIPT HOW INTROV COOL	DDFD dF-ton action of Informatio Double on Double of them 20	YES NO					
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	RRED. (Enter nature of injury in Part I or Part II of Item 18.)						
	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
정	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, farm,   20f. (City or town) (Cour	ity) (State)					
MEDICAL	White - Not white -	ry, street, office bldg., etc.)						
M	21. I certify that (I) (this hospital) attended the deceased from	20 13 1966 to JAH 6 196	2 that (I) (we) last					
		death occurred at/8 157 M, from the causes and on th						
	22a, SIGNATURE		TE SIGNED					
	O Changan My us	ATTENDING MED. STAFF	1/12					
	22c. PHYSICIAN'S DO 154 = DO WE MY	PHYS. DIRECTOR PHYS.   /	6/6/					
	NAME (Type) DR LEO F DONO MW	8212 MIL AN ( Sithe	26 21					
238	BURIAL CREMATION   23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cour	nty) (State)					
200	REMOVAL (Specify)	. 1-	A .					
	burial 2-4-6/ WARRENTON		GINIA					
	FUNERAL DIRECTOR ADDRESS	ASH 25a REC'D BY REGISTRAR 25b. REGISTRAR'S						
J	JOSEPH GAWLERS SOUS 5/30 WISC. AVE. N.W. D.C. DATE JAN 12 1867 Miller Judge							



MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO  CERTIFICATE OF DEATH	RE 1, MARYLAND
	01011
1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, b. COUNTY  b. COUNTY  A. STATE	INTY /
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest login)	ite RURAL and give learest town)
d. NAME OF MOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS	a IS RESIDENCE
801 Stonestreet Ave. Oct Stinestreet	ON A FARM? YES NO NO
3. NAME OF DECEASED (First Middle OF OF TOTAL OF	oth Dey Year
(Type or print)	19 C 1 19 C 1 19 IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male NEGro WIDOWED DIVORCED   July 9, 1898 68 yrs.	Months Days Hours Min.
10b. USUAL OCCUPATION (Give kild of work done during most of working life, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country done during most of working life, even if refired)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	- C.DIV
SOLOMON CUENS Sally Davis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) (Ifyas givawar or datas of sarvice)	"807 Stonesteet Ave.
IB. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
DUE TO DUE TO TO A	y DAY
Conditions, if any, which \ (b) \ ulmonary &dema	2 days
gave rise to immediate cause (a), stating the underlying cause last.	
	(VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3 Marrive Simatio Chroity & Marrhea c	PERATLES TES NO VE
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enjer neture of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING   CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER;	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, While Not While factory, street, office bldg., atc.) at work at work at work	(County) (State)
p.m. 19 et work at work 21. I certify that (I) (this hospital) attended the deceased from 2.5.6	, 19.6.7 that (i) (we) last
saw the deceased alive on	
220 SIGNATURE.  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	226, DATE SIGNED
22c. PHYSIGHAN'S  22d. ADDRESS	1 / // //
236. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY OF CREMATORY 236. LOCATION (City, 1)	own or county) (State)
BURIAL Jan. 17, 967 Lincoln Fark Rocky,	Ile, md.
24 FUNERAL DIRECTOR'S SIGNATURE ROCKVILLE, Md. 250. REC'D BY REGISTRAR 256. R	egistrar's signature
, and the same of	

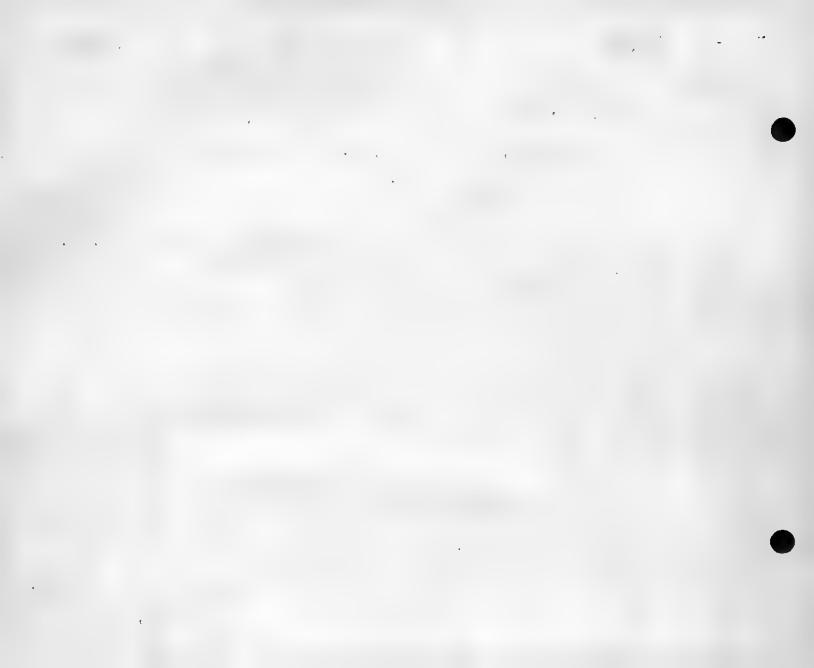
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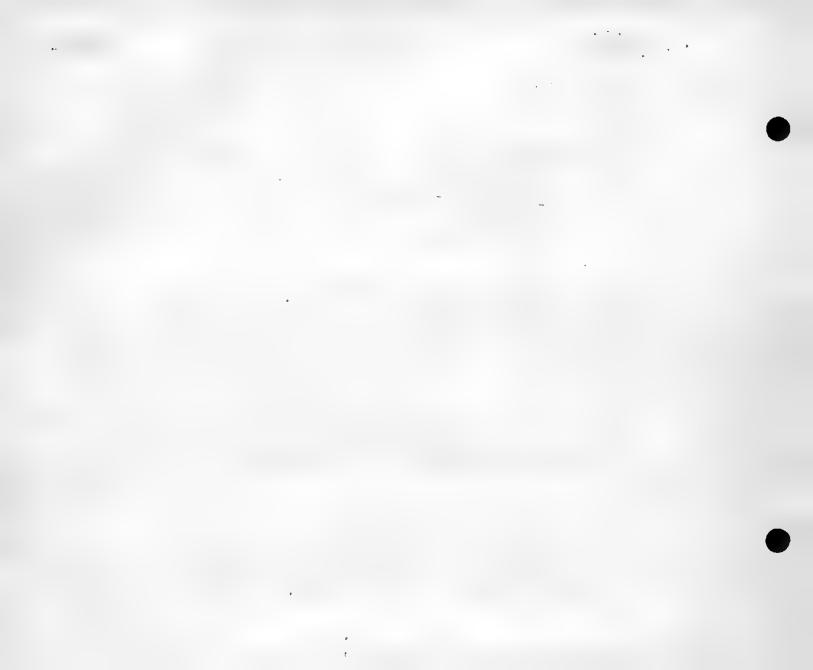
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01013 CERTIFICATE OF DEATH 01012 and completely filled in by the funeral remove corban papers. Pages I and in any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) c. COUNTY o. STATE b COUNTY Montgomes The low requires that the death certificate be executed within 24 hours after MARVIAND b CITY OR TOWN (If outside corporate Amits c. LENGTH OF STAY IN 1h c CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? CUMM INGS CHEVY T.A. NO L NAME OF DECEASED Middle DATE First Doy Year OF DEATH MER 2/ 1967 (Type or print) S SEX AGE (in years 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACI DATE OF BIRTH MARRIED NEVER MARRIED last birthaay) Months Hours Dovs and in ony WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT then please during most of working life, even if retired) INDUSTRY. COUNTRY? HOUSEWIFE MORTH CAROLINIA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removo LUTHER McCAULEY LOULA PARKER 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address the attendin bermit. (Yest ma, or unknown) (If yes give war or dates of service MRS. SHIRLEY JONES CHEVY INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line-for (o), (b), and (c).) buriof-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) physicion. DUE TO signed ! Conditions, if any, which gove rise to immediate cause (a). DUE TO Page 4 may be retained by the haspital or attending os the l stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY for use , Health p PERFORMED? NO YES 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) Hour o.m. Not While factory, street, affice bldg., etc.) of work ot work , 1967, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from 1966, and that death accurred at 20, M, fram causes and on the date stated above saw the deceased alive an Dec 15 22o. SIGNATURE 22b. DATE SIGNED MED ATTENDING STAFF PHYS. M.D. DIRECTOR director, poge 3 PHYS 22d. ADDRESS 22c. PHYSICIAN'S NW-Wash DC. NAME (Type) 2015 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23o BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) PRINCE GEO. CO. MD 24 FUNERAL DIRECTOR 2Sb. REGISTRAR S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 26 1967 DATE



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f	e NE		01014			CERII	FICATE	OF DEATH		010	13
	er death funeral 1 and ter death		PLACE OF DEATH o. COUNTY					2 USUAL RESIDENCE ( o, STATE	Where deceased lived, if in	stitution Residence b	efore admission)
	fun s 1		Mon	tgomery			RYLAND	Mary	1and	Mont	gomery
	s aff the tage:		B CITY OR TOWN (	outside corporate imits in the same of the	s. Land	E LENGTH OF STAY	( IN EP		utside corporate limits, writ	e RURAL ond give ne	arest town)
	hour s. py hou	H	Inly Cros	AL OR INSTITUTION (IF no	at in hospital of	use street ordross)		Rockville d. STREET ADDRESS	, Maryland		A IS DESIDENCE
•	24 led in	1		,	, , ,		. 273	335 Howar			e. IS RESIDENCE ON A FARM? YES NO X
	certificate be executed within 24 hours after a physician and campletely filled in by the furthen please remave carbon papers. Pages I moval, and in any event, within 72 hours after thousalt.	3.	NAME OF	s_Hospital,	SILV	er Spring Middle	MG.	lost	4. DATE	Month	Doy Year
	I wil		DECEASED (Type or print)	. Marion		E.		Parsons	OF DEATH J	anuary	11 19 67
	utec impl ve c	5	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARR	ED 🔲	B DATE OF BIRTH	9 AGE (in year	ors IF JNDER 1 YE Months Do	
	exec any		Female	White	WIDOWED	DIVOR	ED 🔲	1/29/1922	44	/IS	
	be n an an din d	10c	ing most of working.	(Give kind of work done life, even if refired)		ND OF BUSINESS OR DUSTRY		1	& State, or foreign country)	12 CITIZEI C <u>o</u> unt	OF WHAT
	cate sicial oleas , and	12	Housew FATHER'S NAME	ife				Virginia		U.	S.A.
	certification of them of them of them of them of them of them of the of	13.							t Mundy		
	9 5	15	Tatium WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO	17. 1	NFORMANT		Address	
	attending permit his	{Y	es, no, ar unknowл)	(If yes give wor or dotes o	of service) 08	4-20-117	7	David R. F	arsons-hus	bandsan	ne item #2
	requires that the death certificate be executed within 24 hours after death g physician.  I signed by the attending physician and campletely filled in by the funeral a burial-transit permit. Then please remave carbon papers. Pages I and be burial, cremation or emay event, within 72 hours after death o burial, cremation or emay and in any event, within 72 hours after death	F	IB. CAUSE OF DI	EATH (Enter only one cou	se per line for	(a) (b) and (c)		C 1 0			INTERVAL BETWEEN ONSET AND DEATH
	hat n. ny th ansi		PARI I. DEAI	TH WAS CAUSED BY  MMEDIATE CAUSE	(a) V	P.(AS/4-1	10 (	ARCINOL	MA		UNSET AND DEATH
	es t sicia ed b ed b el-tr ol, c		Conditions, if any	DUE Which gove >	- /	21/4000	d A .	CARCINO	'A		5-8 MO
	equires that the physician. signed by the control burial-transit purial, crematic		rise to immediat	B COUSB (O),	(b)	Olmowi	444	CARCINO	n H		0 0 100
			stoting the under	riying couse	(c)		1				
	ATTENDING PHYSICIAN: The law requires that the stained by the haspital ar attending physician.  GOR: After this certificate has been signed by the a should be detached far use as the burial-transit prith the State Dept. af Health priar to burial, cremating	2	PART II. OTHER SI			O DEATH BUT NOT R	ELATED TO 1	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(	0)	19. WAS AUTOPSY PERFORMED?
	ar or	CATIO									YES NO X
	aspital ar certificate hed far ust. af Healf	CERTIFICATION	20o. ACCIDENT WAS	S UNDERLYING  CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port I or Port II of item 10	B.)	
	HYSICIAI haspital s certifice sched fai		(IF EITHER, NOTIFY	MEDICAL EXAM:NER)	001.0	HIDY OCCUPANT	1 00 Pt t	or or hillips (its	205 (6)	16	) (Stote)
	this this details De	MEDICAL	Hour o.n	10	While	Not While	20e PLA	CE OF INJURY (Home, form ory, street, office bldg., etc.	n, 20f. (City or tow	rn) (County	(2,016)
	by the first this be deto		21 f corti	fy that (I) (this has	ot worl		d from		10 - to	19	that (I) (we) last
	R: A uld			eceosed alive on	pridi) orien	19	, and the	t death accurred of	M, from cau	ises and on the	dote stoted obave.
	OR ATTENI be retained DIRECTOR: A je 3 shauld ed with the		220 SIGNATURE	N/W	12,			ATTENDING 5	_MED STAFF	22b. DATE	SIGNED
	OR be n	1	no ounces take	101	mic	4	LM.	D. PHYS. 22d. ADDRESS,	MED. STAFF PHYS.	U,/-/	2-0/
	may may sal pag		22c. PHYSICIAN'S NAME (Type		130	dy		809 Uel	1RS M.11	Ad Rock	VillE MI
	TO HOSPITAL OR ATTENDING PH. Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 shauld be detactor, page 3 shauld be detactor, page 3 shauld be detactor.	23	. BURIAL, CREMATIC	ON, 23b. DATE THE	EREOF	23c. NAME OF CE	METERY OR	CREMATORY	23d. LOCATION (City	or Town) (Co	unty) (Stote)
	Pag O Fi dire sho		REMOVAL (Specify Burial	1/16	/66	Arling	ton Na	ational		on, Virgi	nia
		24	. FUNERAL DIRECTO	DR .		ADDRESS 1331	Rockvi	lle Pike A	P BY REGISTRAR 25	REGISTRAR'S SIGN	ATURE
	VR A15 (4) , 20 M 1/66	1	Tyson W	neeler Fune	ral Hon	ne Poolest	1110	Marylande	1001	1	1



a 1		5-29 MARYLAND STATE DEPARTMENT OF HEALTH F VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	01015	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01014
d within 24 hours ofter death. If City delay is an penal in Item 18. Give Pages 1, 2, and 3 to Texaminer's Office along with form PM3. Page Hile pages land 2 with the State Department on 2 hours ofter death.	I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Thospital, give street address)  A street address  A street addres	RAL and give nearest tayin)    e is residence on a Farm?   YES   NO
frote should be executering the word "pending" rded to the Chief Medical as a burol-transit permit ond an any event within 7	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause (c)  PART II OTHER SIGNIFICANT CONDITIONS CONT	per line for (a), (b), and (c).)  Acute hemorrhagic pancreatic necrosis	INTERVAL BETWEEN ONSET AND DEATH
10 DEPUTY MEDICAL EXAMINER: This certine necessary, please execute the certificate, writhe funeral director. Page 4 should be forward 5 may be retained for your files.  10 FUNERAL DIRECTOR: Page 3 should be used Health prior to bur of, cremotion, or removal.	20a EXTERNAL CALSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20c TIME OF INJURY Month, Day, Year Hour a m. p.m. 19  21. I certify that I took charge of death resulted from: Natural of ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  230. BURIAL (REMATION, REMOYAL (Specify) 2/1/67	20b DESCRIBE HOW NIJRY OCCURRED (Enter nature of injury in Part I or Part I of Irem 18)  20d INJURY OCCURRED While at work of the remains described above, held an Autapsy in Inspection o	(County) (State)  uiry , ond in my apinian nonner   22. DATE SIGNED  29/1967  own) (County) (State)  ing, 1-d.
VR A15ME (5) 1	24. FUNERAL DIRECTOR Tyson Wheeler Funeral	1 Home Rockville, Maryland JAN 3 1 1967	EGINAMINA JUNGE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01016 CERTIFICATE OF DEATH 01015 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY Montgomery o STATE b. COUNTY Alabama umpletely filled in by the fur ve carban papers. Pages 1 event, within 72 hours after MARYLAND b. CITY OR TOWN (foutside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Opelika Rockville 12% months d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENCE ON A FARM? d. STREET ADDRESS Potomac Valley Nursing Home 211 N. 11th Street YES NO X NAME OF 4 DATE Month First Middle Inst remave carban Doy 1D0 Y DECEASED OF DEATH Adelaide Tomlinson Pearson 1967 (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED 🔽 DIVORCED Female White February 12, 1886 8 Oyrs 1Do JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) **COUNTRY? INDUSTRY** Housewife own home LaGrange, Georgia FI S A 13 FATHER S NAME Jabez Tomlinson (Unknown) Bull 17. INFORMANT WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) 417-14 None burial, crematian, INTERVAL BETWEE 18. CAUSE OF DEATH (Enter only one couse per line for (a), the ond PART I. DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (o) signed by by the haspital ar attending physician. DUE TO Conditions, if any, which gove (b) rise to immediate cause (a), DUE TO stoting the underlying couse this certificate has been be aetached far use as the State Dept. af Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year Hour o.m. 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Not While foctory, street, office bldd., etc.) ot work ot work 21. I certify that (1) (this hospital) aftended the deceased fram \_\_\_, that (I) (we) as and that theath accurred at 135 P M, from causes and an the date stated above saw the deceased alive an FUNERAL DIRECTOR: 22b. DATE SIGNED. 22o. SIGNATURE ATTENDING DIRECTOR PHYS director, page 3 should be filed 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) Rosemere Cemetery Opelika. Alabama 0 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) en (arter 20 M 1/66



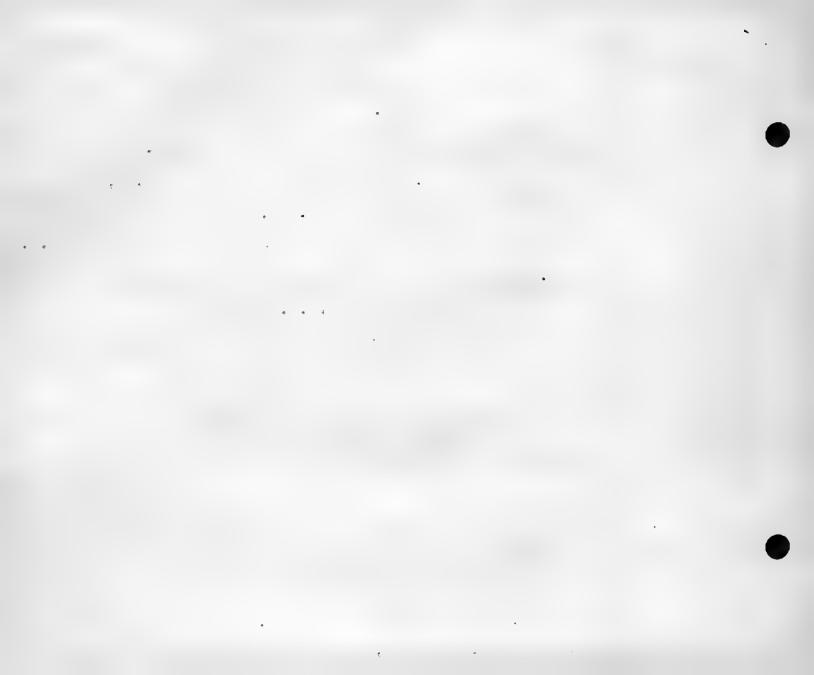
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01017 01016 death. The law requires that the death-settificate be executed within 24 hours after death physician and campletely filled in by the funeral 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE MARYLAND ve carban papers. Pages 1 event, within 72 hours after c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM 'nΟ NAME OF DATE Day Year OF DEATH DECEASED 19 (Type or pant) AGE IF UNDER 24 HRS S SEX DATE OF BIRTH 6 COLOR OR NEVER MARRIED B. last\_birthday) Months Dovs Hours DIVORCED 10o. IJSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working the even it retired) Stations INDUSTRY New York 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME or removal Rose Libby Julius Pepperman Address Rockville, Md. 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unknown) (If yes give wor or dates of service Mrs. Ida Pepperman. 12816 Pkland Dr Wes burial, crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line-to) a), (b) and (c) signed by the burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the hospital ar attending physician. DUE TO mo Conditions, if any, which gove rise to immediate couse (o) DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to **l**ast WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE/CONDITION GIVEN IN PART I(6) NO 20a ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour a.m While Not While foctory, street, office bldg., etc.) ot work at work 21. I certify that (I) (this kospital) attended the deceased fram. and that beath occurred at 400M. from causes and on the date stated above. sow the deceosed olive on. 22b. DATE SIGNED 22o, SIGNATURE ATTENDING M.D. DIRECTOR PHYS PHYS. ADDRESS 22c. PHYSICIAN'S NAME (Type) MIN 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23c BURIAL, CREMATION, BULL aT King David Mem. Falls 1/16/67 Gar. 25b. REGISTRAR'S SIGNATURE 25a. REC D BY REGISTRAR 24. FUNERAL DIRECTOR Melizales 3501-14ta St KIN VR A15 (4) 20 M 1/66 Dannansky 196

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01018 CERTIFICATE OF DEATH 01017 funeral s 1 and 2, ter death. ficate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Montgomery Maryland Montgomery ician and campletely filled in by the fur lease remave carban papers. Pages 1 and in any event, within 72 haurs after MARYLAND c LENGTH DE STAY IN 16 c CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY DR TDWN (If autside carparate limits, write RURAL ond give neorest town)
Silver Spring Mos. Glen Echo d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 6004 Princeton Ave. University Nursing Home YES ND S 3 NAME OF 4 DATE OF First Middle Yeor DECEASED (Type or print) ALICE PERRY Jan. DEATH IF JNDER I YEAR 1967 S SEX 6 COLOR OR RACE 9 AGE IF UNDER 24 HRS 7 MARRIED NEVER MARRIED DATE OF BIRTH n years birthdoy) Hours White Female WIDOWED SE Jan. 15.1889 DIVORCED 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10a JSUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? Marvland U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, Rufus A. Rager Susan Loretta Bover attending 15 WAS DECEASED EVER IN U.S. ARMED FORCE S? 17 INFORMANT 16 SOCIAL SECURITY NO Sister Address (Yes, no, or unknown) (If yes give wor or dates of service) permit. Unknown Mr.W.J.Middleton 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN signed by the c burial-transit p ONSET AND DEATH PART I D' . VAS CAUSED BY IMMEDIATE CAUSE (0) Page 4 may be retained by the haspital ar attending physician DUE TO Conditions rise to immediate couse (o), DUE TO ed far use as the b of Health priar tab stoting the underlying couse has been lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO SE 200 ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Eater nature of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY DCCURRED 20e PLACE DF INJURY (Home, form, 20f (City or town) (Stote) (County) 20c TIME OF NJJRY Manth, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While O FUNERAL DIRECTOR: After deceased fram 9-24, 1966, ta 1-2, 1967, that (1) (we) last 1967, and that death occurred at 40 AM, fram causes and an the date stated obove. 21 I certify that (I) (this haspital) attended the deceased fram. director, page 3 shauld shauld be filed with the 2saw the deceased alive an 22 SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) IRWIN 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, 23b DATE THEREOF (County) Burial (Specify) 1-5-67 Arlington Natl Cem. Arlington, Virginia 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Charles Jud VR A15 (4) 25M 1/67 PUMPHREY, Bethesda, Maryland DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. and 1. PLACE OF DEATR 8. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY d in by the furs. Pages 1 Montgomery Maryland Montgomery MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours Rockville Silver poring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) completely filled by carbon papers. filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 13110 Superior Street No X YES Holy Cross executed within NAME OF First Middle Last 4. DATE Month Day Year DECEASED Evelene Pettit and comple remove carb any event, D. (Type or print) DEATH 19 67 January 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED 🔣 8. NEVER MARRIED last birthday) | Months | Days White Hours Female WIDOWED [ Mch 9, 1918 DIVORCED [ 1.0 attending physician a ermit. Then please re on, or removal, and in a Ξ.≘ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) COUNTRY? Hairdresser Alabama U.S.A. 13. FATHER'S NAME MOTHER'S MAIDEN NAME Clem Denney Mary Roberts 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address has been signed by the atten-as the burial-transit permit. prior to burial, cremation, or i (Yes, no, or unknwh) | (If yes give war or dates of service) William ettit - husband - same itom 417-20-0158 CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c). ] INTERVAL BETWEEN PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH PART I, DEATH WAS CAUSED BY: OF CERVIX RCINOM month IMMEDIATE CAUSE (a) (ADENDIARCINOMA DUE TO Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATI NO X YES | 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) etached f Dept. of 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (State) DIRECTOR: After this age 3 should be deta filed with the State De 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While 19 at work at work CmBc2196 retained 24 19 6 7, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from .19.67 and that death occurred at 11.4 M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. page M.D. PHYS. HOSPITAL age 4 may O FUNERAL director, pa should be fil ADDRESS 22c. PHYSIC IAN'S NAME (Type) Richard Pollen 10511 Summit Ave., Kensington, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Arlington Virginia Burial rlington National REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Wheeler 1331 Rock. Pike, Rockville, Monte VR A15 (4)

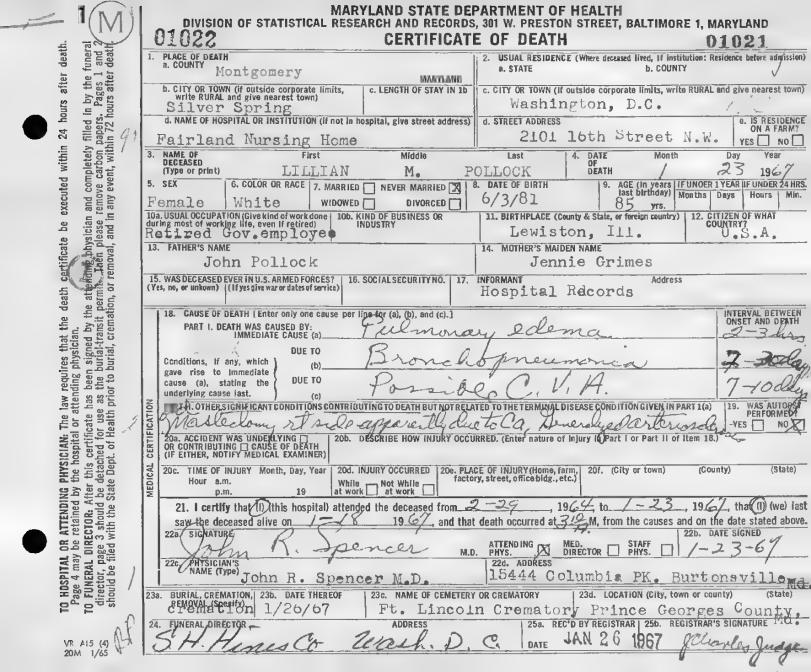
VR A15 (4) 20M 1/65

M	MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	01020 CERTIFICATE OF DEATH 01019	
burial, crematian, ar remaval, and in any event, within 72 hours after death.	1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admiss of STATE b. COUNTY	lion)
fter	Montgomery MARYLAND Washington, DC  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
	write RURAL and give nearest town)	
1	Bethesda (Rural) 102 Days Washington, DC  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADGRESS  e. S. RES. ON A	IDENCE
2	3646 13th Street NW YES	FARM?
İ	3. NAME OF First Middle Lost 4 DATE Month Day Y	ear
	DECEASED OF (Type or print) Luther Abner Pickens DEATH January 7 19	
-	lost buthday) Months Days Hours	ER 24 HRS Min
ŀ	Male Cauc WIDOWED DIVORCED May 12, 1895 71 yrs.  100 USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT.ZEN OF WHAT	
	during most of working the, even if retired)  Engineer  INDUSTRY  Bloomfield, Missouri  COUNTRY?  USA	
ı	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME	
	Henry T. Pickens Rhoda Kelly	
ı	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address	<b>+</b> *
	(Yes no, or unknown) [1] yes give wor or dotes of service) 579 O1 4504 Naval Hospital and Veteran's Administa yes  18. CAUSE OF DEATH (Enter only one couse per tipe, for (o), (b), and (c).)  18. CAUSE OF DEATH (Enter only one couse per tipe, for (o), (b), and (c).)	
	PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a).  Stoling the underlying couse lost.  Conditions of the underlying couse lost.	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19 WAS AU PERFORI YES IZO	TOPSY MED?
	PERFOR YES IXO ACC DENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200 ACC DENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200 TIME OF INJURY Month, Doy, Year While Not While Not While Floorly, Street, office bidg, etc.)	
	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, foctory, street, office bidg, etc.)  Pm. 19 Ville of work of work	(Stote)
	21. I certify that (I) (this haspital) attended the deceased from Sept. 28 , 19.66, to Jan. 7 , 19.67, that (I)	(we) last
	saw the deceased alive an Jan. 7 1967 19 , and that death accurred a 6:00A M, from causes and on the date state	d abave.
	MD ATTENDING MED DIRECTOR DIRE	67
	NAME (Type) F. J. FRENSILLI, M. D. Naval Hospital, Bethesda, Maryla	nd
	DEMONTAL (C-1.1)	(Stote)
		A . 67
	24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 1400 Chapin Street, N. W. Washington, D. C. DATE AND 1967 REGISTRAR 1967	7
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1	- 1	Division of STATISTICAL RESEARCH AND RECO	ATE DEPARTMENT OF HEALTH RDS. 301 W. PRESTON STREET, BALTIMORE A	MARYIAND 21201
		0102: Item 8 Film CERTIL	FICATE OF DEATH	01020
death.		PLACE OF DEATH  a. COUNTY	2. USUAL RESIDENCE (Where deceased lived if	institution: Residence before admission)
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haurs offer n by the fu s. Pages 1		b. CITY OR TOWN (If outside corporate limits, write RURAL and give negres/ town).	YX officerda	vrite RURAL and give nearest tawn)
hau Fin by		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
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withiu		NAME OF First Middle	Pigren death J	Manth Day Year
plet car		(Type or print) / ( ) /	ED TO B DATE DE RIPTH T 2 2 CM 9 AGE (In :	years I FUNDER I YEAR I IF UNDER 24 HRS.
execut nd cam emave any ev		M. WIDOWED DIVORCE	lost burtl	nday) Manths Days Haurs Min.
oe e and in a	ı	10a USUAL OCCUPATION (Give kind of work done	11 RIRTHPLACE (County & State or foreign count)	(V) 12 CITIZEN OF WHAT
ficate		during most of working life even if retired)  Life Engineer Tron. No. 1	Marshalltown, Iov	Va COUNTRY?
ava triffic		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Emma Noxd	
eath certifi ending pry nit. Then	-	Peter August Pilgren  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.	17. INFORMANT Wife C	Address
		(Yes no grunkgown) Iff we nive war or dates of service)	37 Yolande B. Pilgren Sa	ame as Item 2.
equires that the d physician. signed by the att burial-transit perr burial, crematian,		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) PART I. DEATH WAS CAUSED BY.	rdial Interation.	INTERVAL BETWEEN ONSET AND DEATH
tha an. by Tran		PART I, DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO	Tallal Illigate / Coll.	Jacys
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requestion signatures of the pure of the p		rise to immediate cause (a), stating the underlying couse	110 - 10 - 5000	Upare
te law re tending as been a as the l		lost (c) Cardio		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. of Health priart to	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO X
OR ATTENDING PHYSICIAN: The be retained by the haspital ar at DIRECTOR: After this certificate he is should be detached far use ted with the State Dept. of Health		☑ OR CONTRIBUTING ☑ CAUSE OF DEATH	OCCURRED. (Enter nature of injury in Part I or Part II of item	18.)
PHYSIC ne haspi this certi etached Dept. o		(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e PLACE OF INJURY (Hame, farm, 20f (City or I	awn) (Caunty) (State)
te D	ı	Hour a.m.  P.m.  19 of wark at wark	factory, street, affice bldg., etc.)	,
NDING ed by : After id be ie Stat		21. I certify that (I) (this haspital) attended the deceased	fram, 19.50, ta/	79 , 1947, that (I) (we) las
ATTEN etaine CTOR: should			and that death accurred at 2 5M, fram a	auses and an the date stated above 22b. DATE SIGNED
OR ATTENDING be retained by the MRECTOR: After e 3 should be ded ed with the State		22a. SIGNATURE John S. Ball	M.D. PHYS. MED. STA	FF 220. DATE SIGNED
May be RAL DIR RAL DIR Page 3	1	22c. PHYSICIANS SOAN G. Ball	1936 Gengetown k	2.
D HOSP! Page 4 m 5 FUNER director,	1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEN	METERY OR CREMATORY 23d LOCATION (CI	
O HOSPITAL Page 4 may O FUNERAL director, page	B	Cremation 1-21-67 Cedar	Tri 27 Comment and Contact.	beer I see
VR A15 (4)	E.	24 FUNERAL DIRECTOR ROBERT A. PUMPHREY, Bethesda,	Maryland 250. REC'D BY REGISTRAR 196	25b. REGISTRARS SIGNATUR Judge
20 M 1/66	. "		DATE OF THE	U U





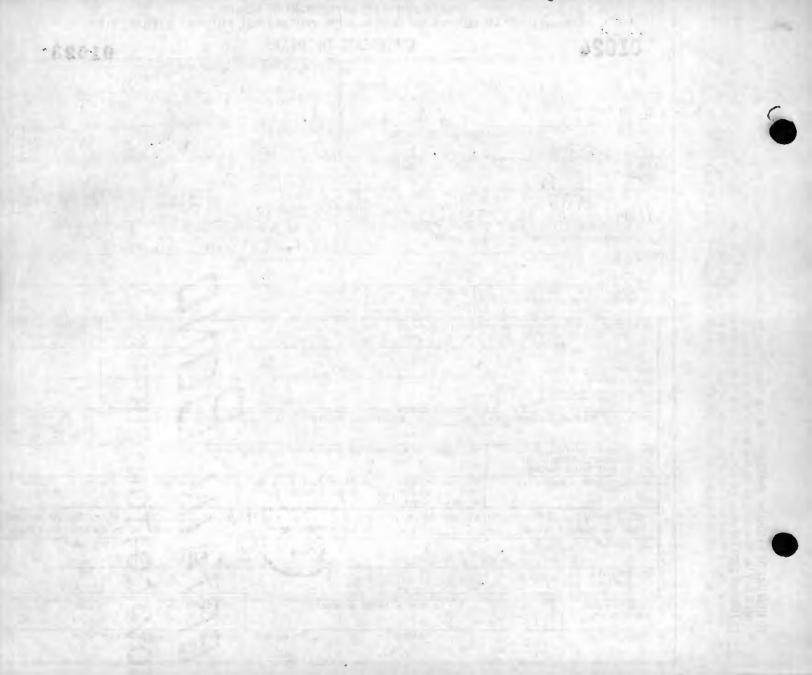


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01023 by the funeral Pages I and 2 naurs after death. executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission b county Montgomery o COUNTY Maryland nit. Then please remave carban papers. Pages ar remaval, and in any event, within 72 haurs aft b. CITY OR TOWN\_Iff outside corporated mit LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give negrest town Rockville ≘ NAME OF HOSPITAL OR INSTITUTION LIF not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE filled S. Van Buren St. NO X YES NAME OF Middle DATE Last Month Dov Year DECEASED OF DEATH (Type or pnnt) 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH IF UNDER I YEAR IF LINDER 24 HR **NEVER MARRIED** (In years birthdoy) Months Dovs Hours WIDOWED TOP DIVORCED 10h LISUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (Pounty & State, or foreign country) 12 CITIZEN OF WHAT please during most of working life, even if retired) INDUSTRY COUNTRY? OR ATTENDING PHYSICIAN: The law requires that the death certificates Housewife Pennsylvania USA Brown d 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME attending phy Emma Truver Campbell 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Harry E. Pontius, son same item #2 No burial, cremation, CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c) signed by the c burial-transit p INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician DUE TO Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO tar use as the L Health priar to b stoting the underlying couse last. certificate has b ched far use as WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO Z 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Dov. Year 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) MEDI Hour p.m. foctory, street, office bldg , etc ) While Not While ot work at work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from director, page 3 shauld shauld be filed with the and that death occurred at 500 M, from causes and on the date stated above saw the deceased give on the 220 STGNALURE 22b DATE SIGNED PHYS DIRECTOR PHYS 22c PylySICIAN S NAME (Type) 22d ADDRESS O HOSPITAL 230 BURIAL, CREMATION DATE THEREOF 23c NAME OF CEMETERY OR CREMATOR) LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) 1/17/67 Ohio Cuvahog 24 FUNERAL DIRECTOR 250 RECD BY REGISTRAR VR A15 (4) 25M 1/67 Tyson Wherler Funeral Home Rockville DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01024 deoth. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death ouo filled in by the funeral popers. Poges 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY & O. STATE b. COUNTY after **MARYLAND** 190mie b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If foutside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 and in ony event, within 72 hours d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T NAME OF pou Middle DATE Month First Last Yеаг completely DECEASED cor (Type or print) DEATH 19 ar S. SEX AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. **NEVER MARRIED** last birthday) Months Days Haurs Dec WIDOWED DIVORCED 66 and 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME offending 16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT buriol-tronsit permit. | buriol, cremation, or re-Address (Yes, no, or unknown) (If yes give war or dates of service) IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or offending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO for use as the b f Heolth prior to b stating the underlying couse FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? CERTIFICATION YES NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) be detached for State Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year (City or town) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (County) (Stote) Hour a.m. While Not While factory, street, office bldg., etc.) at work at wark 21. I certify that (1) (this hospital) attended the deceased from 19 67 that (1) (we) last , poge 3 should be filed with the saw the deceased olive on. 196 7, and that deoth occurred at 11 M, from causes and an the date stated above. 22o. SIGNATURE DATE SIGNED 22b. ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS 22c. TO HOSPITAL NAME (Type) director, should 230. BURIAK CREMATION, 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) REMOVAL (Specify) 9 2So. REC'D BY REGISTRAR **FUNERAL DIRECTOR** DATEA M



n		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR S	STATE	01025 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01022
HEALTH	DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY country country deceased lived, if institution: Residence before admission)
	613	a. COUNTY MONTGOMERCI MARYLAND a. STATE Maryland. D. COUNTY MONTGOMERY
ssary, funeral may be	Department after death,	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)
may may	The K	Stal Dickerson. Years Rural Dickerson. 151
を行い	Departe	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Page	State hours	Bigwoods. Rd- YES NO
and del	5 S S	3. NAME DF First Middle Lest 4. DATE Month Day Year DECEASED
Program	n 72	(Type or print) WOITER /TET DEATH Jan - 2 1967
PS I I	2 with within	NA iast Dirthday) Months   Days Hours   Min.
Page th	d 2 mt v	WIDOWED DIVORCED OUT 1, 1000 YE yrs.
wir d	1 and event	during most of working life, even if retired) INDUSTRY
8. Gong	pages 1 in any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
2 E B B B B B B B B B B B B B B B B B B		Marshall Prather Amanda Bowie
24 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	是是	15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give war or dates of service)
TY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delescente the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and the pages 1, 2, and the sound be forwarded to the Chief Medical Examiner's Office along with form PM3.	nit. oval,	Hester Hamilton Item # 2
wit	permit, removal	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I OFATH WAS CAUSED BY.  ONSET AND DEATH
rifed Exam	or or	PART I. OFATH WAS CAUSED BY: COTODARY FOSOFSICENCY Acute. Sudden
ing.	burial-transit cremation, or	7 XOI DUE TO 15 - 1 DOCUMENT OF THE TOTAL MARKET
be e pend Aedi	urial	Kand 1(20 to illilliculated t
d is	60	cause (a), stating the OUE TO underlying cause last,
Short Short	l as urial	
the	used as to burial	PERFORMED? , YES NO X
ing d to	or be	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO PRIMARY OF CONTRIBUTING COURSE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Pert II of Item 18.) PRIMARY OF CAUSE OF DEATH.
is Co writ	ping ;	
te, Th	3 should be agent, prior	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bidg., etc.)  While at work at wor
ifica be 1	900	
Cert	snat	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection inquiry [X], and in my opinion
Short Short	TOR: Ites	death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner
te 4	IOF YOUR IL DIRECT OF ITS d	ACTUAL O P S PO ACCIONANT MEDICAL EVANIMED 22. DATE SIGNED
Wee and	0.00	DEPUTY MEDICAL EXAMINER 12 Han . 2, 1967
D DEPUTY MEDIC please execute director. Page 4	TO FUNERAL DIRECTOR: Page of Health or its designated	EXAMINER'S NAME (Type) Address (Street, city, town, or county)
O DEPUTY please ex director.		23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
2 44	-Bok	DURIAL Jun. 2, 1967   Drooke Grove Cetu.   Kayfonseille Mai
Vp.	A15ME (D	24 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE.
	0 4-64	Concern Mi Date Manual

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